



**Elland Urban District Council**



# **Annual Report**

of the

## **Public Health Services**

of the Elland Urban District,

### **1952.**

**FRANK APPLETON, M.B., Ch.B., D.P.H.,**  
Medical Officer of Health.





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# Elland Urban District Council

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## Health Committee

(As at 31st December, 1952).

**Chairman of the Council :**

Councillor W. SHARPE, J.P.

**Chairman :**

Councillor (Mrs.) PILLING.

**Vice-Chairman :**

Councillor McBURNEY.

Councillor	BEAUMONT,	Councillor	RAMSDEN,
,,	BINNS,	,,	SHARPE, J.P.,
,,	COCKROFT, C.C.,	,,	(Miss) SHAW, J.P.,
,,	CROSSLEY,	,,	TATTERSALL,
,,	GRANT,	,,	THORNTON,
,,	HASLAM,	,,	THORPE, M.A.,
,,	HORSFIELD,	,,	A. WALKER, J.P.
,,	JAMES, J.P.,	,,	T. WALKER,
,,	LANE,	,,	WHITWORTH,
,,	LUMB,	,,	WILKINSON,
,,	MITCHELL,	,,	WILSON, J.P.,
,,	MORTON,	,,	WOLFENDEN.
,,	POGSON,		

### HEALTH SUB-COMMITTEE :

Councillor (Mrs.) PILLING (Chairman),

Councillor McBURNEY (Vice-Chairman),

Councillor	BINNS,	Councillor	A. WALKER, J.P.,
,,	MORTON,	,,	T. WALKER,
,,	TATTERSALL,	,,	WILKINSON.
,,	THORNTON,		

# Health Department

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## PUBLIC HEALTH OFFICERS.

### Medical Officer of Health.

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional Medical Officer.

### Deputy Medical Officer of Health :

Mrs. A. MARSHALL, M.B., Ch.B.

### Assistant Medical Officer :

Mrs. M. GISBOURNE, M.B., Ch.B. (Appointed 1st October, 1952).

### Orthopaedic Surgeon :

\*\*W. BARCLAY, M.C., F.R.C.S.

### Ophthalmic Surgeons :

\*\*R. W. GREATOREX, M.B., Ch. B.

\*\*P. M. WOOD, M.B., Ch.B., D.O.M.S., F.R.C.P.

### Dental Officer :

J. TODD, L.D.S.

### Sanitary Inspectors :

A. D. JACKSON, M.R.San.I.

N. SYKES, M.R.San.I.

R. CROSSLEY, A.R.San.I.

### Health Visitors :

Miss J. DAVIS, S.R.N. (Appointed 1st July, 1952).

Miss M. GIBBON, S.R.N., S.C.M.

Miss W. WADSWORTH, S.R.N. S.C.M., S.R.F.N.

### Assistant Health Visitors :

Mrs. M. ARMITAGE, S.R.N.

Mrs. I. HEPWORTH, S.R.N., S.C.M., S.R.F.N.

\*Mrs. D. A. F. HOLDSWORTH, Enrolled Assistant Nurse.



**Municipal Midwife :**

Miss M. PORTER, S.R.N., S.C.M. (Appointed 1st October, 1952).

**Home Nurse—Midwife :**

Mrs. M. E. MAGER, S.R.N., S.C.M.

**Home Nurses :**

Miss A. CARTER, S.R.N., S.C.M.

Mrs. A. K. MILLS, S.R.N. S.C.M.

**Mental Health Social Worker :**

Miss E. C. WROE, S.R.N., S.C.M., R.M.N., Health Visitor's Certificate.

**Divisional County Ambulance Service Depot Superintendent :**

W. ANDERSON.

\*Part time.

\*\*Part time by arrangement with the Regional Hospital Board

## TO THE CHAIRMAN AND MEMBERS OF THE ELLAND URBAN DISTRICT COUNCIL.

Madam Chairman, Madam and Gentlemen,

I have the honour to present my Annual Report for 1952 on the health of this town.

Once again I have included details of the Elland Personal Health Services for which I am responsible to the West Riding County Council as their Divisional Medical Officer.

The legislation of 1948 split up the Health Services between two local authorities (Elland Urban District and the West Riding County Council), the Executive Councils who deal with the General Practitioners' services, and the Regional Hospital Boards for the hospital services. The view has been expressed that the Medical Officer of Health might serve as a liaison officer between these different bodies.

As Medical Officer of Health and Divisional Medical Officer there has been no difficulty in forming a firm liaison with the two local authorities' services, and the respective officials of this urban district work and co-operate with the Divisional Public Health staff.

The Halifax Hospitals Management Committee has co-opted me as a member of the House Committee of Northowram Hall Hospital and the Shelf Sanatorium, and I have been able to establish close co-operation individually with the General Medical Practitioners, all of whom are most helpful to us. We maintain a very close liaison with the chest physician and with the almoners of the various hospitals. Health is indivisible, and if we are to maintain positive health, the preventive and curative services must work hand-in-hand and it is our desire to foster this co-operation in spite of the national legislation.

Most of the figures for the Divisional Health Services have been split up so that the figures given here are those for Elland alone, but it has not been possible to divide the sections relating to the Divisional Ambulance Service and the Divisional Mental Health Service.

This latter service is growing in importance. The balance sheets of many of the proprietors of patent medicines and the drug bill of the country are evidence enough of the large amount of minor ill-health in the country, much of which is psycho-somatic, and the number of broken homes, the number of cases of juvenile delinquency, and the number of patients admitted to mental hospitals give us further evidence, if this is required.



A short period spent in the office of a housing manager, or even in the office and clinics of a Medical Officer of Health, would furnish any reasoning citizen with grounds for the belief that shortage of proper housing accommodation alone is not only responsible for minor irritation, but is a disrupting influence on the whole family. This problem includes such aspects as two women in one kitchen, no place where the father can relax, alone in his own home after a heavy day's work, no place where washing and clothes drying can take place without interfering with the family's comfort, and no place where parents and children can be bathed without inconvenience to other members of the family as well as the bather. Perhaps still more important, there is usually no real privacy for the young married couple away from children and relations, where they can discuss and resolve their own individual problems together.

It cannot be wondered that parents and children—young and adult—seek recreative activities outside the home, and the various activities for youth, and working men's clubs play an important and useful part in avoiding maladjustment. It is perhaps a tribute to human resilience that there is not more of it.

These problems are worse in an industrial district where smoke and dirt are constant enemies. It was, therefore, a source of great disappointment to us all that it was only possible to complete ten new houses in Elland during 1952.

These houses were not sufficient to reduce the number of overcrowded homes, even when judged on the minimal standards of the 1936 Housing Act. The Rent Restrictions Act continues in operation and is, I believe, one of the principal causes of the increasing disrepair of many of the older houses. It is not possible to keep pre-war houses in proper repair at pre-war rents and post-war prices for repair, without uneconomic expenditure.

This is indeed unfortunate, for we can ill afford to lose many of the older, substantially built houses.

The birth rate showed a further fall and is below the average of other Urban Districts, but it was partially compensated by a fall in the death rate. The number of deaths exceeded the number of births by 18. Despite this natural fall in population, the Registrar-General estimates our population to have increased by 80.

There were 8 infant deaths this year as compared with 5 in 1951, which had the lowest rate on record, and this gives a higher infantile mortality figure, but if we take the whole 5 years of divisional administration, the infant death rate in Elland is very satisfactory and indicates there is a high standard of infant care in the district.

The temporary fall in employment has been abated and the district has enjoyed a moderate degree of prosperity.

We were fortunate in obtaining the services of an additional Health Visitor in Elland, and this has enabled us to carry out very many more visits and to provide a more satisfactory service.

The exercises for ante-natal mothers and the work of instruction in relaxation has produced very many tributes from the women who have attended these classes, many of whom have stated categorically that their childbirth has been easier as a result of the instruction they have had. There is no doubt that these classes have removed a great deal of the fear from the natural process.

We were very sorry to lose the services of Dr. Clegg, who retired from his practice and from the clinics during the year.

There was less trouble in the placing of old persons in hospitals and at the end of the year there was practically no waiting list, but there was a marked shortage of ground floor accommodation in the Welfare Homes provided by the West Riding County Council, and many of the old people whose disabilities prevented them going upstairs, had to wait for long periods of time.

An increasing number of children were immunised for whooping cough, which now in many respects ranks as one of the more serious of infectious diseases. Whooping cough immunisation was only commenced in the latter part of the year and is being offered principally to the very young children, among whom the effects of the disease are often so severe.

We had four cases of anterior-poliomyelitis, all of whom were connected.

Once again there were no cases of diphtheria to report, and diphtheria immunisation continued to be carried out for the majority of children.

The Halifax Hospital Management Committee were able to make available beds at Northowram Hall Hospital for the nursing of cases of tuberculosis. This beautiful hospital, situated as it is in spacious grounds, helped considerably in relieving the urgent problem of accommodation for persons suffering from tuberculosis.

It is indeed a tribute to preventive medicine that beds are no longer required in such large numbers for infectious diseases and that this accommodation can be made available for cases of tuberculosis.



The incidence of tuberculosis in this area is undoubtedly decreasing, but this decrease is masked by an increase in notification of contacts which have a slight or early form of the disease which previously passed unnoticed.

Immunisation of child contacts by B.C.G. was continued.

In the environmental field we continue to take smoke observations, and the recording instruments showed some improvement in the position. This is probably partly due to the increasing installation of domestic grates giving a more complete combustion of fuel.

The work on the conversion of sanitary conveniences to modern water closets has continued unabated during the second year of its inauguration, and the municipal dust bin scheme has been an excellent innovation.

It will be seen from the figures contained in the Sanitary Inspector's report, that regular food inspection has shown a good standard of hygiene in the district, and once again we have no serious outbreaks of food poisoning to report.

In conclusion, I should like to express my appreciation of the kind help and advice given by you, Madam Chairman, consistently on all occasions. It is indeed a pleasure to work in a department where the Chairman takes such a keen, active and helpful interest in all activities of public health.

I should also like to thank my principal colleagues, Mr. Howarth, the Clerk of the Council and Mr. Allen Jackson, the Chief Sanitary Inspector, for their unfailing co-operation.

The whole staff of the Public Health Department have worked under your Chairmanship as a happy team, with a gradually widening sphere of influence and in a spirit of loyalty and co-operation, and with their continued help, and the support of yourself and the Members of the Council, we hope to go forward towards a better and healthier town.

I have the honour to be, Madam Chairman, Madam and  
Gentlemen,

Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

August, 1953.

## ADOPTIVE ACTS, BYE-LAWS, ETC.

Cleansing of Footways—1892.  
Scavenging—1892.  
Prevention of Nuisances—1892.  
Common Lodging Houses—1892.  
Slaughterhouses—1892.  
Smoke Abatement—1931.  
New Streets—1931.  
Building Bye-Laws—1939.  
Handling and Wrapping of Food—1950.

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# Annual Report of the Medical Officer of Health FOR THE YEAR 1952.

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres) ... ..	5,951
POPULATION : Census 1947 (Est.) ... ..	19,150
AVERAGE NUMBER OF PERSONS PER ACRE ...	3.22
NUMBER OF INHABITED HOUSES ... ..	7,024
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE ... ..	1.18
AVERAGE NUMBER OF PERSONS PER HOUSE ...	2.72
RATEABLE VALUE ... ..	£98,574
PRODUCT OF A PENNY RATE ... ..	£373 17s. 8d.

The Manager of the Elland Employment Exchange has kindly informed me that there was a steady improvement in employment during the 12 months ended the 31st December, 1952. Only 10 men and 1 woman were wholly unemployed and 33 men and 26 women were temporarily stopped. By the end of the year almost all the worsted and woollen industry had been restored to full time working and the few claimants that remained were from the cotton industry and certain sections of the dyers and finishing trades.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births—

					M.	F.	Totals
Legitimate	...	...	...	...	109	122	231
Illegitimate	...	...	...	...	8	4	12
Total	...	...	...	...	117	126	243

Live Birth Rate : 12.7 per 1,000 of estimated resident population.

Still Births—

					M.	F.	Totals
Legitimate	...	...	...	...	2	5	7
Illegitimate	...	...	...	...	—	—	—
Totals	...	...	...	...	2	5	7

Still Birth Rate per 1,000 total (live and still) births : 28.

Deaths—

					M.	F.	Totals
					129	132	261
Crude Death Rate	13.6	per 1,000	of estimated resident population.				

Adjusted Death Rate 12.4 per 1,000 of estimated resident population.

Deaths following Childbirth—

					Deaths.	Rate per 1,000 total (live & still) births.
Puerperal Sepsis	...	...	—			Nil
Other Maternal Causes	...	—				Nil
Total	...	...	—			Nil

Death Rate of Infants under one year of age—

All Infants per 1,000 live births	...	...	...	32.9
Legitimate Infants per 1,000 legitimate live births	...			34.6
Illegitimate Infants per 1,000 illegitimate live births				—
Deaths from Diseases of the Heart & Circulation (all ages)				86
Deaths from Cancer (all ages)	...	...	...	60
Deaths from Measles (all ages)	...	...	...	—
Deaths from Whooping Cough (all ages)	...	...	...	—



TABLE 1.

BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY and CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1952 for England and Wales, London, 160 Great Towns, 160 Smaller Towns and Elland.

(Provisional Figures based on weekly and quarterly Returns).

	England and Wales	160 County Boro's and Great Towns (including London)	160 Smaller Towns (Resident Popu'tion 25,000 to 50,000 at 1951 Census)	London Adminis- trative County	Elland
<i>Births</i>					
Live Births ...	15.3	16.9	15.5	17.6	12.7
Still births ...	0.35	0.43	0.36	0.34	0.36
	22.6(a)	24.6(a)	23.0(a)	19.2(a)	28.0(a)
<i>Deaths—</i>					
All Causes ...	11.3	12.1	11.2	12.6	13.6
Typhoid and paratyphoid	0.00	0.00	0.00	—	—
Whooping cough	0.00	0.00	0.00	0.00	0.00
Diphtheria ...	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.16
Influenza ...	0.04	0.04	0.04	0.05	0.00
Smallpox ...	0.00	—	—	—	—
Acute polio- myelitis (including polioencephalitis)	0.01	0.01	0.00	0.01	0.00
Pneumonia ...	0.47	0.52	0.43	0.58	0.42
<i>Notifications (Corrected)</i>					
Typhoid fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid fever	0.02	0.02	0.03	0.01	0.00
Meningococcal infection ...	0.03	0.03	0.03	0.02	0.00
Scarlet fever ...	1.53	1.75	1.58	1.56	0.94
Whooping cough	2.61	2.74	2.57	1.66	4.28
Diphtheria ...	0.01	0.01	0.03	0.01	0.00
Erysipelas ...	0.14	0.15	0.12	0.14	0.05
Smallpox ...	0.00	0.00	0.00	—	—
Measles ...	8.86	10.11	8.49	9.23	8.56
Pneumonia ...	0.72	0.80	0.62	0.57	0.74
Acute polio- myelitis (including polio- encephalitis)					
Paralytic ...	0.06	0.06	0.06	0.06	0.10
Non-paralytic	0.03	0.03	0.02	0.03	0.10
<i>Food</i>					
poisoning ...	0.13	0.16	0.11	0.18	0.05
Puerperal pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	4.00(a)

*Deaths*

All causes under 1 year of age	27.6(b)	Rates per 1,000 Live Births.			
		31.2	25.8	23.8	32.9
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.5	0.7	0.00

Maternal Mortality in England and Wales.

	Rates per 1,000 Total (Live and Still) Births	Elland
Sepsis of pregnancy, childbirth and the puerperium ...	0.09	—
Abortion with toxæmia ...	0.02	—
Other toxæmias of pregnancy and the puerperium ...	0.21	—
Haemorrhage of pregnancy and childbirth ...	0.09	—
Abortion without mention of sepsis or toxæmia ...	0.04	—
Abortion with sepsis ...	0.07	—
Other complications of preg- nancy, childbirth and the puerperium ...	0.02	—

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related Live Births.

TABLE 2.

## CAUSES OF DEATH OF ELLAND RESIDENTS IN 1952.

Causes of Death.				1952.		
				All Ages.		
				M.	F.	Total.
1.	Tuberculosis—respiratory	...	...	1	2	3
2.	Tuberculosis—other	...	...	—	—	—
3.	Syphilitic disease	...	...	—	—	—
4.	Diphtheria	...	...	—	—	—
5.	Whooping Cough	...	...	—	—	—
6.	Meningococcal infections	...	...	—	—	—
7.	Acute poliomyelitis	...	...	—	—	—
8.	Measles	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	—	—	—
10.	Malignant neoplasm, stomach	...	...	8	1	9
11.	Malignant neoplasm, lung, bronchus	...	...	7	1	8
12.	Malignant neoplasm, breast	...	...	—	10	10
13.	Malignant neoplasm, uterus	...	...	—	3	3
14.	Other malignant & lymphatic neoplasms	...	...	16	14	30
15.	Leukaemia, aleukaemia	...	...	—	—	—
16.	Diabetes	...	...	1	2	3
17.	Vascular lesions of nervous system	...	...	25	30	55
18.	Coronary disease, angina	...	...	22	9	31
19.	Hypertension with heart disease	...	...	2	4	6
20.	Other heart disease	...	...	14	20	34
21.	Other circulatory disease	...	...	7	8	15
22.	Influenza	...	...	—	—	—
23.	Pneumonia	...	...	5	3	8
24.	Bronchitis	...	...	3	2	5
25.	Other diseases of respiratory system	...	...	2	1	3
26.	Ulcer of the stomach and duodenum	...	...	—	—	—
27.	Gastritis, enteritis & diarrhoea	...	...	—	2	2
28.	Nephritis and nephrosis	...	...	4	2	6
29.	Hyperplasia of prostate	...	...	1	—	1
30.	Pregnancy, childbirth, abortion	...	...	—	—	—
31.	Congenital malformations	...	...	—	1	1
32.	Other defined and ill-defined diseases	...	...	6	13	19
33.	Motor vehicle accidents	...	...	2	—	2
34.	All other accidents	...	...	2	3	5
35.	Suicide	...	...	1	1	2
36.	Homicide and operations of war	...	...	—	—	—
Totals				129	132	261

## VITAL STATISTICS.

The estimate of the population of Elland is the mid-year estimate of the Registrar General. His estimate is 19,150, compared with 19,070 for 1951. He considers, therefore, that the population has increased by 80.

The birth rate for the year is 12.7 per 1,000 of the population. This is 0.5 below the rate for the previous year and 2.6 below the rate for England and Wales. The birth rate of Elland since the war has been consistently lower than that of other Urban Districts, and I am afraid it may be related to the great shortage of housing accommodation.

There were 12 illegitimate births, representing 4.9 per cent. of the total live births and an illegitimate birth rate of 0.63 per 1,000 of the estimated population.

During the year there were 7 still births, none of which were illegitimate. This gives a rate of 28.0 per 1,000 (live and still) births, or 0.36 per 1,000 of the population this latter figure being 0.01 above that for the Country as a whole.

The death rate for the Urban District is 13.6 per 1,000 of the population. This is 0.9 lower than the rate for last year. Our comparability factor is 0.91, and the death rate can be corrected by multiplying by this factor in view of the somewhat older population in Elland than that of the Country as a whole. This gives us a corrected death rate of 12.4, which can be compared with that for the Country as a whole which is 11.3, and with the aggregate of Urban Districts in the County, which is 12.3.

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation—86 (17 less than in 1951).
2. Cancer—60 (compared with 36 in 1951).
3. Vasc. Lesions of Nervous System—55 (compared with 46 in 1951).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases—16 (compared with 41 in 1951).



## Infant Deaths.

There were eight Infant Deaths in the Urban District of Elland during 1952, and the Infantile Mortality Rate or Death Rate of Infants under one year of age per 1,000 live births was 32.9.

Last year we had only five deaths under one year of age and a slightly higher birth rate, so that our rate of 33 per thousand live births compares with a rate of 20 for last year.

Only two of these eight deaths were neo-natal deaths, and both occurred within a few hours of birth. One was due to prematurity and the other was attributed to the rhesus factor. Both these children were born in hospital.

Of the remaining six, three died between one month and three months of age and the other three between three months and nine months.

Another death was attributed to the rhesus factor. This child spent most of its short life in hospital, but despite blood transfusions it only lived ten weeks. Another child who was born prematurely, with a birth weight of only 4lbs. 2 ozs. and who returned home to very overcrowded conditions, died of Broncho Pneumonia at the age of 5 weeks. The third child who died within three months of birth died of Acute Gastro Enteritis. This was a healthy child and had a good home and died after a short illness. We were unable to find the source of infection, but the house they lived in was a very unsatisfactory one.

Another child died of Gastro Enteritis at six months old. This child had a good home and a good mother and lived in a satisfactory house. The second child who died between three months and nine months died from Broncho Pneumonia at 14 weeks old, and the remaining child died from Asphyxia following regurgitation of food and survived over seven months.



TABLE 3.  
CAUSES OF INFANTILE MORTALITY IN ELLAND URBAN DISTRICT, 1952.

Cause of Death.	In first year				In first month				In first year				In first year			
	1 day and under	2—7 days	8—14 days	15—21 days	22—28 days	2—3 months	4—6 months	7—9 months	10—12 months	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter			
Prematurity ... ..	1	—	—	—	—	—	—	—	—	1	—	—	—			
Rhesus Incompatibility	1	—	—	—	—	1	—	—	—	2	—	—	2			
Broncho Pneumonia ...	—	—	—	—	—	1	1	—	—	2	—	1	1			
Acute Gastro Enteritis	—	—	—	—	—	1	1	—	—	2	1	—	1			
Asphyxia ... ..	—	—	—	—	—	—	—	1	—	1	—	1	—			
Totals	2	—	—	—	—	3	2	1	—	8	1	2	4			

### Premature Births.

There were 18 children born prematurely during the year. It will be seen from the Table appended that all except one of these children survived one month. The usual criterion for prematurity has been employed in this Table, i.e. all babies weighing  $5\frac{1}{2}$  lbs. and under at birth.

**TABLE 4.**  
**TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.**

#### Domiciliary Confinements.

Birth lbs.	Weight ozs.	No. of Infants	No. Infants who survived		
			24 hours	2—7 days	1 month
5	4	1	1	1	1
5	8	2	2	2	2
Totals	...	3	3	3	3

#### Institutional Confinements.

Birth lbs.	Weight ozs.	No. of Infants	No. Infants who survived		
			24 hours	2—7 days	1 month
2	12	1	—	—	—
3	4	1	1	1	1
3	14	1	1	1	1
3	15	1	1	1	1
4	1	1	1	1	1
4	2	1	1	1	1
4	8	1	1	1	1
4	14	1	1	1	1
4	15	1	1	1	1
5	—	1	1	1	1
5	1	1	1	1	1
5	2	1	1	1	1
5	4	1	1	1	1
5	6	2	2	2	2
Totals	...	15	14	14	14

### Maternal Deaths.

There were no maternal deaths in Elland during 1952.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

### Laboratory Facilities.

The Public Health Laboratory, Wakefield continued to receive clinical material and milk samples for bacteriological examination, while chemical analysis was carried out by Messrs. Lea & Mallinder, Public Analysts, Halifax.

### Ambulance Facilities.

I append below particulars of the cases transported during the year. This Table is drawn up in accordance with the standard Table suggested by the Ministry of Health and gives rather fuller information than that provided in 1951. The number of cases carried shows an increase on last year.

TABLE 5.

COUNTY AMBULANCE SERVICE. DIVISION 18. Return of patients carried for the year 1952.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
<b>Patients</b>													
(a) Admissions	158	152	163	158	194	141	154	142	154	166	147	178	1907
(b) Discharges	46	74	49	48	61	38	72	55	50	49	57	88	687
(c) Transfers ...	10	16	9	9	15	7	5	9	6	8	2	14	110
(d) Out-Patients	845	705	750	713	689	791	833	752	898	896	913	806	9591
(e) Accident Patients ...	19	14	16	24	24	20	28	34	21	15	14	24	253
Total No. of Patients ...	1078	961	987	952	983	997	1092	992	1129	1134	1133	1110	12548
<b>Analysis of Patients</b>													
Males ...	460	392	401	367	390	445	451	475	500	466	486	470	5303
Females ...	618	569	586	585	593	552	641	517	629	668	647	640	7245
Stretcher Cases ...	208	195	207	223	247	158	208	199	190	216	191	237	2479
Sitting Cases ...	870	766	780	729	736	839	884	793	939	918	942	873	10069
Children ...	45	63	72	70	71	73	85	69	118	94	86	71	917
<b>Further Analysis of Total Patients in Part 1 above less (d) and (e).</b>													
Urgent ...	58	44	28	54	64	41	51	46	51	54	65	80	636
Maternity ...	29	24	29	31	28	27	32	31	37	32	18	28	346
Infectious ...	4	4	2	4	1	1	1	4	8	—	6	5	40
Mental ...	2	2	—	5	—	—	1	1	1	1	1	1	15
General Patients ...	121	168	162	121	177	117	146	124	113	136	116	166	1667
Journeys ...	322	302	287	308	323	280	315	277	321	336	310	326	3707
Miles ...	8006	6942	7001	6710	7579	6600	7570	6555	7764	7873	7214	7320	87134



## **Nursing in the Home.**

The same team has been responsible for the Home Nursing Service in the Elland Urban District ; Miss Carter being the nurse in charge of the Elland area and Mrs. Mills of the Greetland area. Mrs. Mager continued to combine the duties of District Nurse and Midwife in the Stainland area.

Altogether, 7,963 individual visits were made to patients, and 469 new cases were treated during the year. There was a decrease in the number of visits in all three parts of the area, but the decrease in Stainland was very small. One of the reasons for the decrease was that less difficulty has been experienced this year in the admission of old people to hospital, and consequently less time has been spent by the District Nurses in attending old people in their homes.

The work of the District Nurse has gradually changed. The use of the Sulpha Drugs and Anti-biotics has cut down very considerably the length of time that intensive nursing attention has to be given to cases of Pneumonia and acute illness. The increasing age of the population has meant that more time is spent by the District Nurses in making people comfortable and attending to more minor illnesses. The present trend in District Nursing has been, then, towards the treatment of a greater number of less severe cases.

## **Home Helps.**

The demand for Home Helps continues to increase. It will be remembered that last year for the whole Division we had an allocation of only 18 Home Helps, which meant that on a population basis the Elland Urban District was entitled to six. The County Council agreed to increase our establishment to 24 and the number now available for Elland is eight, i.e. we are allowed 8 x 44 home help hours per week, or approximately 350 hours per week.

During 1952 we kept within this figure, but our figure would have been higher had we been able to supply all the demands made. The textile depression fortunately proved to be of a temporary nature only, and there was a steady improvement in employment throughout the whole of 1952. By the end of the year almost all the worsted and woollen industry had been restored to full time working and there was a demand for female labour. While the depression was on, it was noticeable that a great many suitable women came forward to be Home Helps, but with the improvement in the textile trade we have lost the services of many of them, and it has not been possible to find a sufficient number of suitable people. This has made it impossible to satisfy all our demands, but in all urgent cases Home Helps have been provided.



I do not think there is any other Service we administer which is of greater importance than the Home Help Service. The only danger of this Service is the tendency for people to pass on their responsibilities for looking after their own old folk to others. It is understandable that where the relatives need to go out to work to support themselves they have little time to spare for helping their older relations, but we are very sorry to see the undoubted tendency of friends and relations to rely on the services of a Home Help rather than to undertake duties willingly undertaken in the past. On the whole in Elland there is still a strong sense of duty and most people do prefer to care for their own old folk themselves, but this tendency has been noted.

If the so-called Welfare State is to be a successful working entity it must be used intelligently and in cases of need, and not used for the evasion of responsibility by some at the expense of the community.

Sometimes it is difficult to persuade old people that the Home Help is there to work and that her duties are to deputise for the housewife, and not to entertain the old person. Some old people would be quite content to try to do the work themselves and use the Home Help as a companion or sitter in. It is necessary for us to be extremely careful to ensure that the hours put in by the Home Help are those required for cleaning the home, cooking the meals, washing, etc., and are not extended to allow for time spent in performing the duties of conversation which can be performed by a voluntary agency.

Despite the administrative difficulties, the Home Help Service met with great success in Elland and earned many grateful acknowledgments and helped to make many people much happier and much more comfortable in a time of distress.

There were 25 cases being attended at the beginning of the year and 65 new cases were attended during the year. At the end of the year 40 cases were still being attended. Of the 90 cases attended in 1952, five were due to the illness of the housewife, 63 were old people, 20 were maternity cases and two were for attendance in the post-natal period.

### **Clinics and Treatment Centre.**

The Table of Clinics and Treatment Centres is appended in Table 6.

TABLE 6. CLINICS AND TREATMENT CENTRES.

Name.	Situation.		When Open.
Combined Ante-Natal and Post-Natal Clinics ...	St. Paul's Methodist School, Elland Clay House, Greetland ...	Alternate Mondays, 2 p.m. to 4 p.m. Alternate Wednesdays, 2 p.m. to 4 p.m.	
Infant Welfare Clinics ...	St. Paul's Methodist School, Elland Clay House, Greetland ...	Every Wednesday, 2 p.m. to 4 p.m. Every Tuesday, 2 p.m. to 4 p.m.	
Diphtheria Immunisation Clinics	Immunisation is carried out at all Minor Ailment Clinics and Infant Welfare Centres and booster doses are given in the schools.		
Minor Ailments Clinics ...	St. Paul's Methodist School, Elland Clay House, Greetland ...	Every Mon. and Wed., 9-30 a.m. to 12 noon. Every Tues. and Thurs., 9-30 a.m. to 12 noon.	
Artificial Sunlight Clinics ...	St. Paul's Methodist School, Elland Clay House, Greetland ...	Every Mon. and Wed., 9-30 a.m. to 12 noon. Every Tues. and Thurs., 9-30 a.m. to 12 noon.	
Remedial Exercises, Ante-Natal and Post-Natal Exercises ...	Brook House, Atlas Mill Road, Brighouse ...	Every Tuesday, 2 p.m. to 4 p.m.	
Ante-Natal and Post-Natal Exercises ...	Clay House, Greetland ...	Every Thursday, 2 p.m. to 4 p.m.	
Tuberculosis Dispensary ...	St. Paul's Methodist School, Elland	Alternate Mondays, 2 p.m. to 4 p.m.	
Venereal Diseases Clinics	Royal Halifax Infirmary ...	Mon., Tues. and Wed., 9-15 a.m. to 12 noon.	
do.	Royal Halifax Infirmary ...	Thursday 2-30—7 p.m.	
	York Place, New North Road, Huddersfield ...	Monday 2—4 and 5—7 p.m. Wednesday 10 a.m.—12 noon and 2—4 p.m. Friday 2—4 and 5—7 p.m.	
Consultant Clinics, Ear Nose and Throat, Ophthalmic & Orthopaedic	Brook House, Atlas Mill Road, Brighouse ...	By appointment.	
Orthoptic Clinic ...	Brook House, Atlas Mill Road, Brighouse ...	Bi-weekly (by appointment).	

## **HOSPITALS.**

### **Infectious Diseases.**

The Northowram Isolation Hospital has once again taken almost all our cases of infectious disease.

### **Tuberculosis.**

Due to the reduced incidence and severity of most of the infectious diseases, the Hospital Management Committee was able to make arrangements for the admission of cases of Tuberculosis to the Northowram Isolation Hospital by the opening of special wards for this purpose. Situated as it is, in ideal surroundings and within reasonable access of the Elland Urban District, this measure has proved a very great boon to this area and we have been less concerned about the long waiting period previously occasioned for cases of this disease.

### **Maternity.**

203 babies were born in hospital out of a total of 250. It has never been difficult to obtain a maternity bed in this area and there is no doubt that the Country-wide trend towards the selection of hospital rather than home for a normal confinement is particularly noticeable here. This is undoubtedly partly due to the excellent hospital facilities provided. Our patients go principally to the Halifax General Hospital and the Halifax Royal Infirmary, and a few are admitted to the Huddersfield Hospitals.

I regret the trend towards hospitalisation of women for a normal confinement. My reasons have been given in previous reports and I have seen no reason to modify my views.

We are grateful to the Halifax General Hospital for continuing to provide a team for emergency blood transfusion for cases of domiciliary confinement.

### **Old People.**

There was some easing of the difficulty in getting old people into hospital when they require it.

## **MATERNITY AND CHILD WELFARE.**

### **Health Visitors.**

Since the formation of the Divisional Health Service the Health Visitors have had an increasing field of service. With the National Health Service Act they became responsible for helping and advising every member of the family. Although the birth rate has fallen, the number of old people in the community has increased, and particularly the number who require help.



The Midwife and the Home Nurse have definite clinical duties to perform, duties which can be reasonably well assessed in basis of time, but the Health Visitor's work is, of course, primarily educational in nature, and to obtain its full value the time spent on individual cases varies tremendously. Mothers who regularly attend the clinic and perhaps have experience with other children, and whose child makes uninterrupted progress, need very much less advice than the mother who has had no previous children, who cannot or will not attend the Child Welfare Centre regularly, or has a baby who takes his feeds with difficulty or does not make the progress which is expected.

The old person who is surrounded with loving relatives or who has graciously accepted old age and performs the household tasks which are within her capacity, using the services of Home Helps, friends or neighbours to supplement these, and has adapted herself to her environment and her capabilities within that environment, takes up very much less of the Health Visitor's time than the old person who has not yet accepted the decrease in vigour, the reduction in physical reserve, or the loss of concentration, and perhaps memory, which often accompanies old age. The old person who worries, who never believes that anyone else can do things quite so well as herself, and is, to some degree, unreconciled to growing old gracefully, takes up much more of the Health Visitor's time. Time is often no object to the old, and work among the old and with the young mother cannot be rushed.

We are told that we live in a Welfare State, which surely means that the State has now accepted responsibility for its weaker members, and of all the services offered by the State through its Local Authorities the Health Visiting Service is the one that particularly helps those less capable of helping themselves.

We have carried on until 1952 with two Health Visitors, first Miss Gibbon and Miss Craven, and latterly Miss Gibbon and Miss Wadsworth, but they were not able to spend the time they would have liked with their work, despite the help they received from the Assistant Health Visitors. In July, 1952, we were able to obtain the services of Miss J. Davis, and her advent has enabled us to carry out this work very much more satisfactorily and she has already shown herself to be kind, sympathetic and helpful, and a very welcome addition to our staff.

The Health Visitors have been helped by the services of the Mental Health Social Worker, and a report on her work appears in the appropriate section of the Report, but very many minor degrees of mental ill health have been helped by the competent

attention of the Health Visitors. Gradually, too, the Health Visitors have been called in by the General Practitioners to help in difficult cases or cases of dietary deficiency where advice to the mother can be so helpful. The Health Visitors have also had a great deal of help from the Sanitary Inspectors, all of whom they know personally.

The emphasis of the National Health Service Act was undoubtedly on hospitals and treatment of disease. The idea of obtaining free dental treatment and free medical and nursing attention was undoubtedly very popular, particularly among the poorer members of the community, to whom the thought of illness, with the expense it entailed, was always a matter of concern. It is not generally realised that admission to hospital is an event in a person's life, but still an unusual event. By far the greater proportion of time is spent in the home with the family, and even accidents occur more frequently in the home than anywhere else. The work of prevention cannot, of course, be measured. A disease which has occurred is an entity, but diseases, illnesses and accidents which have been prevented cannot be assessed. The mother remembers the attack of Measles which the child has had but does not remember, and does not even know of the lack of positive health which occurred and which was circumvented by the advice of Health Visitors, Clinics and General Medical Practitioners. We cannot expect our work ever to become generally acknowledged but some of us have seen an alteration in the whole family background, some of which is undoubtedly due to the work of the Health Visiting staff. Even the bad homes—and we still have some of them—are very much less bad than they would be if the Health Visitor was not present to give her helpful advice, and the good homes show a much more intelligent appreciation of a child's wants and needs than those of a previous generation.

Unfortunately, the Health Visitor's work carries with it an increasing appreciation of the value of fresh air, ventilation, a hot water supply, and satisfactory housing, and this necessarily entails a demand for higher standards of housing by the people she visits. The first Health Visitor, we are told, used to carry strong disinfectant with her, this being the only way she could bring herself to enter the hovels she used to visit. To-day this is no longer necessary but Health Visitors still work in an environment far short of modern standards.

The Health Visitor has to be very tactful and very adaptable. The approach to the over anxious young mother and the approach to the careless, shiftless, and perhaps even dirty mother, have to be completely different. She has indeed come a long way from her



early days in hospital when equipment all conformed to one standard pattern. She is the principal member of the nursing staff, who adopts a realistic attitude to conditions, helps her patients to overcome their difficulties, and marches ahead to a brighter future with confidence.

TABLE 7.  
Visits paid by Health Visitors in 1951 and 1952.

	1951.	1952.
Visits to New Births ... ..	261	246
Visits to Children under 1 year ...	2015	1759
Visits to Children 1 to 5 years ...	1888	2342
Visits to Expectant Mothers ... ..	162	93
Miscellaneous ... ..	770	1336
	5096	5776

Midwifery and Maternity Services.

In recent years I have had to record an increasing number of hospital confinements. This has occurred during a period of a falling birth rate and the proportion of babies born at home has become smaller and smaller year by year.

Mrs. Hooper, who had been a Midwife in Elland for a number of years, only worked for two months during 1952, but she was not replaced until October by Miss M. Porter, and the work in this district had to be carried on by relief Midwives. Towards the end of the year, after Miss Porter's arrival, there was a noticeable increase in the number of births at home, and this improvement was continued in the early part of 1953.

There is shortly to be an increased maternity allowance for women who have their babies at home. This is a matter of simple justice for in the case of a mother who has her baby at home, Home Helps and all household expenses have to be maintained, whereas a woman having her child in hospital is kept for nothing and has very much reduced incidental expenses.

We welcome the possibility of more babies being born at home because we believe that the home is the proper natural environment in which a child should be born. We believe that the best of hospitals, however hygenic, cannot provide the same atmosphere as the home although, of course, the most important part of that atmosphere, the mother, is present. Most of the other factors are, however, lacking, and where there are other children at home a great deal is lost for them by the absence of their mother. Many of the cases of jealousy and difficult feeding which occur in the

child whose mother has a young baby are avoided when the baby is born at home. In 1951 only 16% of babies were born at home and in 1952 this figure was increased to 19%, but it does seem unfortunate that less than one in five confinements takes place in the child's usual surroundings.

The work done by the midwives is set out in Table 8 which follows :—

**TABLE 8.**  
**Work done by the Municipal Midwives during 1952.**

Labours conducted :	(a) as midwives	...	...	47
	(b) as maternity nurses	...	...	nil
	(c) total	...	...	47
Ante-natal visits	...	...	...	293
Post-natal visits	...	...	...	876

**Ante-Natal Clinics.**

Table 9 gives particulars of the attendances at the Ante-Natal Clinics. As stated above, only 47 confinements took place at home, but 72 mothers attend our ante-natal clinics.

We have again been able to make arrangements to send patients to the hospitals in the area, where consultant advice can be obtained.

**TABLE 9.**  
**Attendances at Ante-Natal Clinics.**

	1949.	1950.	1951	1952.
Number of Sessions ...	38	44	40	39
Total number of individual expectant mothers ...	128	81	100	72
Total number of attendances	399	317	358	172
Average number of patients per session ...	11.73	7.2	8.95	4.41

**Post Natal Clinics.**

Only just over half the patients delivered at home attended our post-natal clinics, 26 having attended during the year. It is indeed difficult to persuade the average mother who is having her second or subsequent baby that there is any necessity for her to receive an examination once the baby is born. Many of the women delivered in hospital are having their first baby and they usually attend for post-natal examination. The difficulties in the mother attending who has other children are considerable, and although the attendances at the child welfare centres show that most mothers



are prepared to make considerable efforts for the sake of their children they are not prepared to go to the same amount of trouble for themselves. This is unfortunate, as there is no doubt that a post-natal examination will often prevent a great deal of trouble later on.

It is estimated that just over half of all women who were confined had post-natal examinations. We shall not be happy until this figure is very much higher.

### **Ante-Natal Hostel.**

Last year I referred to the work we are doing at the Ante-Natal Hostel and stated that although nine expectant mothers were admitted from the Elland Urban District many more would have benefitted by a stay there. The difficulty was that we have no accommodation to offer for the children, and some of the mothers who most required rest and recuperation during their pregnancy were the least willing to leave their children, and indeed, in some cases any benefit they would have received physically would have been mitigated by the adverse effect psychologically if we had persisted in their being admitted. Another reason for the difficulty was that a charge is made, as it is for many of the Local Authority Services when the circumstances of the people permit it, and with a falling birth rate there was often more ante-natal accommodation in the hospitals, which accommodation is, of course, free. The hospital accommodation is not, of course, an adequate substitute for hostel accommodation, and many of the patients whose chief trouble is lack of rest do far better in the Hostel than they would in hospital. In the Ante-Natal Hostel they are not wakened at a very early hour in the morning. They are given very much more freedom of movement and are able to see visitors every day. We try to avoid the hospital atmosphere as much as possible.

Only four cases were admitted this year from the Elland Urban District. One of them was a young girl of 21 who already had one child. Her mother had been ill for some time and had not been able to give her the training normally received, and the burden of housekeeping and looking after a small child had proved too much for her. She did extremely well and since her stay in the Hostel she has been very much better able to cope with her domestic circumstances in spite of the fact that she has a second child.

Another case, too, was one where a breakdown was threatened. This woman lived in a very bad house which was also overcrowded. She already had three children and had no idea where she would put the fourth. This woman has since obtained a Council house and her progress has been uninterrupted.

The third case was a widow who had already had five children and was in very poor economic circumstances which had affected her nutrition.

The fourth case was one where the woman was extremely run down. It was discovered in the Hostel that she was suffering from Tuberculosis. She was afterwards removed to a sanatorium and both mother and baby are now well.

It will be seen that although we had a small number of cases from Elland in the Hostel, it did extremely good work. It is possible, however, that it would perform a more useful function if it were situated in South Yorkshire, where the same number of hospital beds are not available. We are very fortunate here in having such good hospital facilities.

### **Relaxation Clinic.**

Last year for the first time a section was included on the work of the Relaxation Clinic. This clinic is run by a Midwife who has had special instruction in the use of exercises to strengthen the muscles on which unusual demands are made during labour. She also taught the mothers the use of relaxation. It is generally accepted that many of the difficulties that occur during the process of labour—which should be a normal physiological process—can be largely eliminated. In more primitive civilisations the birth of a child is perhaps of less importance to the community, and certainly is not regarded as an extremely painful and difficult process to be got over as well as possible. Very often the more highly educated and sensitive the individual, the higher her intelligence and the higher her imagination, the more difficult the labour is.

The main purpose of these classes is then to remove the fear which is so often present, particularly in the mother having her first baby. The spectacular and interesting is always the remembered, and a young expectant mother is usually told of all the difficulties that may occur or have occurred to friends and relatives, rather than of the many women who have normal confinements in a relatively easy manner. Unless she is instructed she enters pregnancy in a state of apprehension which prevents the proper relaxation of the muscles.

At this clinic the Midwife gives the mother, as well as she is able, a sound training based on physiological principles. She is told the reason for the different contractions and it is our object to remove the fear as much as possible. At the same time she is instructed in the technique of breast feeding and the simple care of the new born baby.

Altogether, 25 mothers made 107 attendances at 18 classes.



TABLE 10.

Attendances at the respective Infant Welfare Clinics in 1952.

	Elland.	Greetland.	Totals.
Number of Sessions ... ..	51	47	98
Individual Children attending	420	198	618
Children attending for the first time ... ..	109	75	184
Medical Consultations ... ..	610	554	1164
Average number of medical consultations per session	12	11.79	11.9
Attendances of children under 1 year ... ..	1770	1119	2889
Attendances of children over 1 year ... ..	974	767	1741
Total attendances ... ..	2744	1886	4630
Average attendances per session	53.8	40.1	47.2

The total attendances at the Infant Welfare Clinics again showed an increase, and in spite of the lower birth rate of several years we had a record number of attendances. The increase was principally in children over one year. The actual number of new cases attending was less than last year but it will be seen from a comparison with the number of births that most children did attend. It is gratifying to see that we get a higher number of children between one year and five years. So often the mother does not think it necessary to bring the toddler to the clinic, but we think it advisable for children to be under regular supervision until they are five years of age.

After many years of good and faithful service Dr. F. Clegg was obliged to relinquish his work in the Infant Welfare Centres during the year. He will be missed by very many people and we hope that his health will soon improve.

The teams of voluntary helpers which assist so admirably at both Elland and Greetland Clinics continued to give their services during the year. Throughout the changes of Health Visitors due to the retirement of Miss Craven, the voluntary helpers have provided continuity in the clinic. They display a very real interest in the mothers and are indeed an invaluable help to us and I am pleased to record my appreciation of their services.

### Orthopaedic Treatment.

During the year two children under school age were examined at the Central School Clinic at Brighouse by Mr. Barclay, the Orthopaedic Surgeon. One child was suffering from Genu Valgum and the other was suffering from Pes Varus.

### Ophthalmic Scheme.

During 1952, ten pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in three cases. Particulars are as follows :—

Strabismus	...	...	...	...	...	7
Hypermetropia and Strabismus	...	...	...	...	...	1
Astigmatism	...	...	...	...	...	1
Nystagmus	...	...	...	...	...	1

### MENTAL HEALTH.

Last year I gave some indication of the work being done in the mental health field in this area, and it will be remembered that a special Mental Health Social Worker commenced work in this Division and in the neighbouring Division, No. 19, in May, 1951. She was able to devote very much more time to the care of mental defectives in their own homes and to follow up special cases discharged from mental hospitals. Some of the mental hospitals have their own Social Worker and it has been necessary to try to correlate with them the cases to be visited so that they are not visited by more than one person. This has not always been easy, as information from the hospitals has not always been sufficiently complete.

1952 was the first full year of work of the Mental Health Social Worker, who in addition to being a trained nurse is also a trained health visitor, and I give her report for the Division in full. This applies, of course, to Brighouse, Elland and Queensbury and not just to her work in the Elland Urban District. It has been thought better to present this as a Divisional Report for obvious reasons.

Miss Wroe, the Social Worker, has brought a great deal of comfort to a great many people. She has spent a long time often apparently achieving very little, but it will be seen from her report that the work she is doing is of great value to the community and particularly to the families who have heavy burdens to bear.

She also refers in her report to the work being done at the group training class which is being held at Brighouse. This class is, of course, only a temporary measure until we have our own Occupation Centre or a nearby Occupation Centre is available. It is only held on two days a week but it has brought a great deal of relief to the parents and the children have improved perceptibly.

# REPORT OF THE MENTAL HEALTH SOCIAL WORKER.

## Mental Deficiency.

During 1952 there were four notifications under Section 57 of the Education Act, 1944, and three notifications under the Mental Deficiency Acts. Three defectives were admitted to Mental Deficiency Institutions and five defectives came on the waiting list for admission. There was one death during 1952.

Two defectives under 16 years of age were admitted to Institutions for a period of short term care. One was a boy aged 6 years whose mother had to have Mental Hospital treatment, and the other was a girl of 18 months whose home care was not entirely satisfactory.

Regular visits were made to all defectives in the area who are under supervision. Visits were also made to five defectives not formally reported.

There were 13 requests for background information of patients in Mental Deficiency Institutions.

The number of defectives under supervision as at the 31st December, 1952 is as follows :—

### Statutory Supervision.

Females under 16 years	...	...	...	9
Males under 16 years	...	...	...	7
Females over 16 years	...	...	...	16
Males over 16 years	...	...	...	14

### Under Guardianship.

Males	...	...	...	...	...	2
Females	...	...	...	...	...	2

### Under Observation.

Males	...	...	...	...	...	4
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## Employment.

Sixteen defectives are in regular gainful employment. Six adult defectives are capable of attending to their own physical needs and of helping in their homes. Six Adult defectives are entirely dependent on relatives for their physical needs and care. All defectives over the age of 16 years who are incapable of earning their own living obtain the National Assistance Board Allowance.



## Training.

Ten children and three adult defectives have attended group training classes during the year, one child and three adults have received training in their own homes. One child has attended at Bradford Occupation Centre throughout the year and has been conveyed there and returned by taxi each day.

The provision of training, both in group training classes and in the homes, has been of immeasurable value to the defectives and their families. It has also eased the work of the Social Worker considerably. The offer of some form of training, however limited, has helped to mitigate the blank despair of parents who realise that their child can never go to school. Parents are encouraged to discuss their children more freely if they know that something can be done to help them. Parents also come in contact with one another when bringing their children to the classes and it must be a relief to know of others with a problem similar to their own.

The higher grade defectives look forward to their classes, enjoy the social contact with others and find great joy in their achievements. The lower grades require a great deal of physical care, and intensive effort is needed to keep them happily occupied. Great credit is due to Mrs. Gardner, the home teacher, and to her assistant, Mrs. Bird, for the hard work done and the timeless patience shown towards these children in the group training classes. Training by persons other than their relatives, is essential in the case of backward children. Parents tend to be over protective or lack time and patience for training, and so continue to do things for the child that he could learn to do for himself.

The care of defectives in their own homes in this area is satisfactory in all but a few cases and these are in families of the lower intelligence level, who do not understand or appreciate the need for extra vigilance in the care of the more backward member of their family. The homes of these families are usually dirty and badly kept and visits and advice are not readily welcomed. One girl left the area temporarily to live in a nearby town and on her return she was found to be pregnant. She is an amiable, attractive, high grade defective but her home conditions are poor.

The management of spastic low grade defectives in their own homes is not always satisfactory. The child is kept on a fluid or near fluid diet far too long and there is little attempt at habit training. A child who was given a minced full diet improved in health and he became more contented. He responded very well when "potted" at regular intervals and to have fewer napkins to wash was a relief to the mother.



The provision of beds in Institutions for defectives requiring a period of short term care has been of great benefit in cases where the mother has been ill or in need of a rest from the strain of continuously coping with a defective child. It is also gratifying to the Social Worker to be able to offer some form of practical help where it is so badly needed.

### Care and After Care.

There were no requests for after care of patients discharged from Mental Hospitals from the hospital concerned, but at the request of the Medical Officer visits were made to 34 patients who had had Mental Hospital treatment. Visits were also made to five cases notified from other sources, who, because of some minor mental disturbance, were in need of help and advice.

A large number of patients entering Mental Hospitals do so voluntarily and many derive great benefit from the treatment obtained. Their relatives are gratified when there has been a complete return to mental health. A small group of patients, particularly those suffering from Anxiety Neurosis, do not stay in hospital long enough to complete treatment. They return home and complain bitterly about hospital conditions and the insane patients with whom they have been housed. Their ineptitude and lack of self confidence is pathetic to behold and they are a great trial to their relatives who have to be encouraged to look upon the patient's "awkwardness" as a real illness. Some of the patients improve and though not entirely well, return to their employment. Others deteriorate, and some return to hospital as "Certified" patients. Many of these patients are males who have been on war service. Their relatives are very ready to assert that the patient's mental breakdown is the result of some tragic experience.

Of other after care cases, two patients suffering from Arthritis who tended to become depressed were supplied with handwork materials. They appeared to derive some benefit from the occupation and the extra visits, and their mental and physical condition improved.

A woman, suffering from a physical disability causing mental deterioration, was found to be unable to care for her children satisfactorily. With her consent, the children were received into a local Children's Home where they are doing very well.

It is regrettable that there is no point of liaison regarding after care between the Mental Hospital in the area and the Local Authority. Not all patients are in need of care after discharge. With a short outline of the patient's history and some guidance with regard to the after care thought to be necessary, selected cases would probably be more satisfactorily dealt with. Nevertheless, some patients and their relatives have appeared to benefit from the help and advice given. Contact has been made with other Social Workers, when the need for their specialised help has arisen, and a small measure of material assistance has been obtained from a voluntary organisation in the area.

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The Duly Authorised Officer, Mr. Johnson, has given me the following report on his work in the Elland Urban District :—

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Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890 ... ..	4
Persons removed under Section 20, Lunacy Act, 1890	4
Persons removed under Section 21, Lunacy Act, 1890 ...	—
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930 ... ..	3

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We have had no great difficulty in gaining admission to Mental Hospitals as opposed to Hospitals for mental deficiency. The chief difficulty is that mentioned last year, in seeking accommodation for the old person who is suffering from senile dementia, and is not properly dealt with in a Mental Hospital but really comes under the general problem of shortage of beds for the old.

### GERIATRICS.

Last year I referred to the increasing amount of time that was being spent by the Health Visitors with old people. The old people indeed look forward eagerly to their regular visits, but the pressure of time does not, of course, allow these visits to be prolonged, and they are usually made for some purpose—visiting with regard to the provision of a Home Help, advice in cases of sickness, etc. Regular visiting by a voluntary agency in addition to the special visiting of General Practitioners, Health Visitors and District Nurses, is one of the best ways of keeping old people happy and contented, and we have very much appreciated the work done in Elland by the Business and Professional Women's



Club. This Club, which is an Association of extremely active and capable women, has very kindly undertaken the work of visiting selected cases of old people in their homes, where the Health Visitors have felt that these old people would particularly benefit from such visiting. It is our regret that there is not yet in Elland an Old Folk's Welfare Association to co-ordinate the excellent work that is being done in various parts of the district by voluntary agencies for the old people. The visiting undertaken by the Business and Professional Women's Club has been very greatly appreciated both by the old people and by ourselves.

In the Greetland area too a large amount of visiting has been done and all old people who have been unable to attend their annual treat have been provided with tea at their homes, and the register of old people has been kept up to date.

There is scope for the formation of active old persons' clubs throughout the district. These clubs would not only provide a weekly meeting place for the able bodied older people but would serve as a very useful check on old people who live alone. The absence of regular attenders from a weekly club is followed up and they are visited in their own homes both by their fellow members and by the organisers of the club.

It is a tragedy indeed when we read of an old person living alone who is found dead after some time, and who has died unattended, friendless and alone. Many of our old people, however, are very much against being admitted to a hospital or institution and wish to maintain their sturdy independence in the sunset of their lives. It would be an impossible burden on the community if this were not so, but an active Old People's Welfare Association, co-ordinating the work of several clubs and affiliated agencies would prevent ill health passing unnoticed in these independent old folk.

Visiting by their contemporaries gradually becomes more and more impossible as they get older and they welcome very much visits from young people, and members of Youth Clubs can help a great deal more than they have done in the past.

Admissions to hospital have become a little easier and the waiting period for the old is not so long. For this we are grateful to the Hospital Management Committee, who are still doing their best to provide further beds for the elderly.

No action was necessary under Section 47 of the National Assistance Act, 1948.

The employment of the older people is a matter worthy of special consideration in a textile district like this, where so many of them have acquired skill which does not disappear with age. They are not able to work at the same pace as younger people but they perhaps gain in care and attention to detail what they lose in speed, and during the present period of shortage of labour the part time employment of the elderly is a matter which is receiving increasing attention.

I am informed that the number of residents in this district is not sufficient to establish a municipal wash house, but a very useful work that could be done on a voluntary basis, making a nominal charge only, would be the provision of facilities for doing the old people's household wash. Most of them have not electric washing machines and modern facilities, and indeed have to wash out the few things they are able to do in their living room. The provisions of a central place where washing machines were available and the employment of a woman to assist the oldest, would be a very great help indeed.

### **CARE AND AFTER CARE.**

Our liaison with the hospitals has continued to be a close one. The after care work with patients who have been mentally ill is dealt with in a special report by the Mental Health Social Worker, but in addition we have had 80 cases in Elland referred to us for after care work during the year.

It is interesting to note the amount of time spent by the Health Visitors on work other than the care of mothers and young children. In 1949, 34 miscellaneous visits were paid. These increased to 302 in 1950, 770 in 1951 and 1,336 in 1952. These visits have not been split up into their various categories but they include care and after care visits, visits for socio medical reports, visits in connection with housing and visits to old people and in connection with the Home Help Service where the mother is incapacitated due to illness.

### **SANITARY CIRCUMSTANCES IN THE AREA.**

#### **Water Supply.**

Of the 7,024 inhabited houses in the Borough, 6,806 are on the public water supply. The remaining houses have private supplies derived from springs and wells, the majority of which are liable to contamination. The number of houses not yet on public water supply is 218, or 3 per cent. of the total houses in the district. The majority of these houses are at Stainland.



86% of the houses on public water supply are supplied by Halifax Corporation and 3% by Huddersfield Corporation, the remaining 11% being supplied from our own reservoirs at Coldacre and Upper Greetland. The public water supply from Halifax and Huddersfield has been satisfactory in quantity and quality. Bacteriological examination and chemical analysis of the water from our reservoirs have been satisfactory.

We have been very concerned about the Upper Greetland supply, which consistently over the years has shown far too low a pH value. The pH value gives us a good indication of the acidity of the water. Soft, well oxygenated water forms an oxyhydrate of lead which can be dissolved if the water is acid. We have the advantages of pleasant, soft water for washing but it is important that these advantages should not be outweighed by the danger of lead being dissolved in the water. The Upper Greetland supply is a small one and it would not be possible for very expensive plant to be installed. The Chairman of the Water Committee is well aware of this problem and is doing all he can to overcome it without putting a very heavy burden on the rates. We are regularly testing the pH value of the water and everything possible is being done to safeguard the public. I give below the results on samples sent for analysis, where the plumbo solvency of the water was far too high, and a continual watch is being and will continue to be kept on this problem.

Supply	Date sample collected	Result of Examination.	
		Lead content (grains per gallon)	pH value.
<b>Elland U.D.C.</b>			
<b>Stainland Coldacre Supply.</b>			
After standing in pipe all night	9.4.52	Nil	6.4
After standing in pipe for a measured period of half an hour ... ..	9.4.52	Nil	6.6
<b>Elland U.D.C.</b>			
<b>Upper Greetland Supply.</b>			
After standing in pipe all night	8.4.52	2/5ths	5.8
After standing in pipe for a measured period of half an hour ... ..	8.4.52	1/14th	6.0

### Elland U.D.C.

#### Stainland Coldacre Supply.

After standing in pipe all night	9.12.52	Nil	6.2
After standing in pipe for a measured period of half an hour ... ..	9.12.52	Nil	6.2

### Elland U.D.C.

#### Upper Greetland Supply.

After standing in pipe all night	9.12.52	3/10ths	5.9
After standing in pipe for a measured period of half an hour ... ..	9.12.52	3/50ths	5.7

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### Drainage and Sewerage.

I have been informed by Mr. F. R. Birkhead that no extensions to sewers were made during 1951. Approximately 490 houses, or 7% of the total number of inhabited houses in the district, are not yet connected to sewers. Many of these houses are semi-rural in character and it is impossible to envisage their being connected up in the foreseeable future.

Some of the sewers in the Stainland area are not connected up to the main sewer and this position also cannot be considered to be satisfactory. One of the problems which it is considered requires urgent attention is this question of the provision of an adequate sewerage system in this outlying part of the Elland Urban District.

It is my opinion that 7% of houses unconnected to sewers is far too high a proportion for an Urban District.

### Rivers and Streams.

The West Riding Rivers Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received in the Health Department during the year.

### Public Baths.

I am obliged to Mr. F. R. Birkhead for the following statement of the attendance of bathers during 1952 :—

Mixed Bathing	...	...	...	...	19,430
Males	...	...	...	...	3,933
Females	...	...	...	...	4,834
School Children's Classes	...	...	...	...	9,486
Foam, Steam, etc.	...	...	...	...	998
Slipper Baths	...	...	...	...	7,387

Samples of water taken from the Public Baths were again satisfactory from a bacteriological standpoint, although the proportion of free chlorine was low.

## HOUSING.

1952 was the worst year for housing since the post war housing programme really got under way, and only ten new Council houses were completed this year, so that at the end of 1952 only 180 new houses had been provided in the Elland Urban District. This is a big disappointment to all of us, as we know how urgent the provision of new houses is. At the time of writing this Report, however, 18 three bedroomed houses have been completed at Stainland during 1953.

The number of houses that have been erected in Elland up to the present time have not been sufficient to deal with the overcrowding problem, and the number of known houses which are overcrowded, even according to the legal standards, which are minimal, is 61. I have no doubt that a survey would show that the number is higher than this. When all the overcrowding cases are dealt with there still remain a large number of sub-standard houses which are unfit for human habitation and should be dealt with at the earliest possible moment. It will be seen that the houses completed during the post war years are only  $2\frac{1}{2}\%$  of the inhabited houses in the district.

There has been some concern at the rising cost of living. Last year I indicated that in my opinion the three essentials for health were food, houses and work. Adequate food and adequate employment and adequate houses are all necessary for the enjoyment of positive health and I consider it important that the cost of housing should not be so high that sufficient money does not remain for proper food. Many intelligent and shrewd observers have been concerned for this reason as to whether the cost of new houses is not making them prohibitive to the section of the population that most require re-housing, but a visit to any of our housing estates and a talk with the tenants will soon convince them how much the new houses are appreciated by most of the tenants. The amenities they offer save a great deal of expense, e.g. the provision of hot water and laundry facilities, and there is also a considerable saving in entertainment as people are content to stay at home and have a proper family life when they have a comfortable room in which to sit. The improvement in the health of the children is also noticeable and for all these reasons it is indeed sad to report that we were not able to complete more than ten houses in 1952.



The total number of post-war Council houses built up to the end of 1952 are given below :—

			Two bedrooms.	Three bedrooms.	Four bedrooms.	Totals.
Elland	...	...	32	32	8	72
Stainland	...	...	40	16	2	58
Greetland	...	...	10	34	6	50
			—	—	—	—
			82	82	16	180

Progress in housing year by year is as follows :—

Year	No. completed	
1946	Nil	It was decided not to accept prefabricated houses.
1947	5	1950
1948	46	1951
1949	33	1952

The Sanitary Inspector refers in his report to the increasing disrepair of a large number of the older houses. This is undoubtedly due to the continued operation of the Rent Restrictions Act. It is, of course, true that the increased cost of living makes it very difficult for people to pay an increased rent and Council houses are subsidised by the Government, but the fact remains that the older type of houses still let at pre-war rents are not now an economic proposition for the landlord, who is, in effect, subsidising the tenants out of his own pocket, provided he does the necessary repairs.

It is considered that all housing questions should be above politics, they are too vital to the community, and we hope that some alteration in the present pegging of rents at pre-war prices can be made which is equitable to both the tenant and the landlord. The increase in rents should, in my opinion, be made contingent on the proper maintenance of the houses.

## FOOD INSPECTION AND SUPERVISION.

### Milk Supply.

Last year I referred to the large number of people who drank ungraded milk, and stated that I considered that regular sampling of this milk was essential. Since the transfer of the supervision of the Dairy Farms our sampling has been done during distribution. The 16 designated milk samples taken were all satisfactory, but 8 out of the 41 samples of ungraded milk failed to satisfy the Methylene Blue test. Some of these samples were taken during the hot weather, and on the whole the result of our sampling can be considered satisfactory. We shall continue to keep an eye on the non-designated milks.

Biological tests were done on milk supplied to families where there had been a case of non-respiratory Tuberculosis. Altogether, 9 samples were taken for biological tests and all of them were negative.

### Ice Cream.

There are now 45 premises registered in the district under Section 14 of the Food and Drugs Act, 1938, for the manufacture or sale of ice cream, and 60 visits were paid to them during the year.

Of the 36 samples examined, 28 came into Grade 1 and 8 into Grade 2. There were no samples in Grades 3 or 4. This is indeed very satisfactory and shows satisfactory bacteriological standards.

The consumption of iced lollies continues unabated. On the whole these are made under satisfactory conditions and, of course, they do not present the same danger, as the materials used are not such a satisfactory medium for the growth of bacteria.

### Meat.

All the meat was slaughtered in the Regional Slaughterhouse at Brighouse and particulars of the meat inspection carried out are contained in the Brighouse Annual Report.

### Other Foods.

Details of unsound foods, other than meat, condemned and surrendered from the shops is given in the Sanitary Inspector's report.

There were no food poisoning outbreaks in the area during 1952.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

### General.

The notifiable disease most prevalent during 1952 was Measles.

### Diphtheria Immunisation.

The number of children who had completed a full course of Immunisation at any time up to the 31st December, 1952 is as follows :—

Age at 31.12.1952.

Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.
30	113	178	181	273	1076	893
Total 2744.						

The age in this table is at the 31st December, 1952, and it will be appreciated that many of the children immunised early in 1952 but born in 1951 were actually under one at the time of immunisation.

During the year 96 children were immunised and in addition 106 children were given booster doses.

There has been a reduction in the number of children immunised recently. This, I am afraid, is partly due to over confidence, as for the fourth year in succession there have been no cases of Diphtheria in this District.

### **Vaccination.**

There were again no cases of Smallpox during the year.

Since the Smallpox scare in 1950, when there was a suspected case in Elland later proved not to be a case of Smallpox, the number of children brought forward for vaccination has been deplorably low. Each year I have stressed in this Report that air travel now allows a person to arrive in England while still incubating the disease, but despite this warning the number of children brought forward is still far from satisfactory and only 54 persons were vaccinated during the year and 4 were re-vaccinated.

I would again point out that while compulsory military service exists and there is a likelihood of service abroad, vaccination becomes necessary when young adults enter Her Majesty's Forces. The boy who has been vaccinated in infancy and is being re-vaccinated suffers little or no ill effect, but a young man vaccinated for the first time has a very much more troublesome reaction. The proper time for vaccination is at four months of age in a normal case, and if only a sufficiently large number of the population were vaccinated at this age many of the worries of this Department would be reduced.

### **Whooping Cough.**

In many respects Whooping Cough is now one of the more serious of the Infectious Diseases. It causes a prolonged illness and is particularly wearing to the very young child. An attack of Whooping Cough during the Winter months can be very disabling indeed.

This year there were 82 cases of Whooping Cough. These were mainly accounted for by an epidemic of the disease which occurred in the Winter months. There were 8 cases in December, 1951, 20 in January, 1952, 25 in February, 17 in March and 8 in April. 6 of the cases had to be admitted to hospital. There were no deaths from the disease.



During the latter half of the year immunisation against Whooping Cough was commenced. It was our endeavour to immunise particularly the very young children, as it is in them that the disease is so dangerous, and 46 of the total of 60 children immunised were under one year of age.

Immunisation against Whooping Cough has shown very good results, particularly in North America, but we cannot claim that it is likely to be as spectacular as in Diphtheria, where large scale immunisation has almost eliminated the disease. I believe there is no doubt, however, that it does give quite a considerable protection, although this protection may not be very long lasting, and that it may even be a life saving measure in a very young child. It has been our policy to immunise only those children whose mothers have presented them for immunisation. Whooping Cough trials are still going on, and for this reason we have not embarked on large scale immunisation.

#### **Scarlet Fever.**

During 1952 there were 18 cases of Scarlet Fever, compared with 33 in 1951. The disease continued to be mild in character and there were few complications.

#### **Measles.**

Measles was again the infectious disease most prevalent during the year, and we had 164 cases notified. This figure, of course, was less than half that of the previous year, which was a year of particularly high incidence. Once again the disease was mild in character and there were few cases with complications. It was only necessary for 7 cases to be admitted to hospital and there were no deaths from the disease.

#### **Acute Anterior Poliomyelitis.**

Four cases of Acute Anterior Poliomyelitis were notified during 1952. The first case occurred in a girl aged five years. She had paralysis of her abdominal muscles and subsequently made an uninterrupted recovery. The second case occurred in her brother, who was affected two days after his sister. This case was non-paralytic. The third case occurred in a child whose father worked with the father of the first family, and the fourth case had played with and had direct contact with the first family. All the cases were, therefore, connected.

#### **Erysipelas.**

There was one case of Erysipelas during the year.

#### **Cerebro Spinal Fever.**

No cases of Cerebro Spinal Fever were notified during 1952.

### **Food Poisoning.**

We had one case of Food Poisoning. This was an isolated case and we were unable to trace its origin. The offending organism was *Salmonella Typhimurium*.

### **Puerperal Pyrexia.**

There was one case of Puerperal Pyrexia. This lady got up within a day or two of delivery. She had a very large family and was anxious to help with the household work. Although this may have contributed to her illness the Midwife was found to have a streptococcal infection of the nose and had to be temporarily taken off duty until this cleared up.

### **Ophthalmia Neonatorum.**

No cases of Ophthalmia Neonatorum were notified during the year.

### **Pneumonia.**

14 cases of Pneumonia were notified during 1952. There were 8 deaths as compared with 15 in 1951.

### **Tuberculosis.**

It will be seen from a reference to Table 13 that there were 12 new cases of Respiratory Tuberculosis in males, as opposed to 10 last year, and 10 new cases of Respiratory Tuberculosis in females as opposed to 13 last year. Two of the males and one of the females were transfers into the district, having been previously notified before coming to us.

It will be seen that 3 males and 4 females who were suffering from Respiratory Tuberculosis are under 15 years of age, and that one male suffering from Non-Respiratory Tuberculosis is under 15 years of age. The Non-Respiratory case was a case of Tuberculous glands of neck occurring in a child who was a contact with Tuberculosis. Five of the children were cases of juvenile tuberculosis which would probably not have been notified at one time, but all our contacts are now vigorously followed up. One of the children had an adult type of Tuberculosis and one suffered from Miliary Tuberculosis. All the children except one were contacts of known cases of Tuberculosis.

The importance of the early diagnosis of these children cannot be over-estimated. Treated as they are at an early age, the primary complex cases can be expected to make a complete recovery. Indeed, the whole outlook of Tuberculosis has changed recently and the prospects for this disease are very much better.



Although our total numbers do not show a marked fall in the notification rate, it will be seen that allowing for the fact I have mentioned above, the incidence in this area is probably decreasing. This is in spite of the adverse conditions that undoubtedly exist in respect of overcrowding, sub-standard houses, and pollution of the atmosphere by smoke.

On the other side of the environmental picture, however, is the fact that diet generally is very much improved among the working classes, and that with the provision of new Council houses (which is not as quick as we would like) the housing is showing some improvement, and that mass radiography and the following up of contacts, the removal of active cases from among the community, and the tracing of cases in their early stages, are helping to eradicate the disease.

One Health Visitor is now engaged whole time on the work of Tuberculosis visiting in this area. In addition she visits the Tuberculosis Clinic, where she sees the cases individually and is able to discuss any case with the Chest Physician. I, too, have an intimate contact with the Chest Physician.

The hospital position has been greatly helped this year by the opening of Northowram Hall Hospital for cases of Tuberculosis. This has made available a large number of additional beds. Situated as it is, on high ground with extremely pleasant surroundings and beautiful grounds, this hospital has made a very important addition to our facilities.

By arrangement with the Chest Physician and the Matrons the Health Visitor also visits Northowram Hall Hospital and Shelf Sanatorium to see patients and discuss their domestic and social problems with them.

There were three deaths from Respiratory Tuberculosis during 1952. Two of these were women, one aged 47 and the other aged 71, and the third was a man aged 57. It will be seen that the age at death is gradually increasing, and that the number of deaths shows a marked decline over the years.

The Housing Committee of the Council have helped a great deal by providing houses for the families of Tuberculous persons, where the patient has not been able to have his own room. The trouble is that so often a patient who has his own room sits with the whole family in the kitchen or living room, however small, with the windows closed and inadequate ventilation. Nearly always in these cases there is no room for an outdoor shelter, but even if there were it would be very difficult to educate the patients to take precautions to prevent their infection spreading to others.



All the child contacts were tested as to their susceptibility to Tuberculosis, and in seven negative cases where they were exposed to infection the children were immunised by the injection of B.C.G. The opportunity was taken to do this when the patient had been removed to sanatorium.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor under the Public Health Act, 1936, Section 172.

### **CANCER.**

This disease remains a black spot on our records and the number of deaths registered this year shows an increase on previous years. There were 60 deaths, 31 males and 29 females, from some form of malignant disease, and this is almost double the total last year.

With the gradual increase in the expectation of life more and more people are reaching the age at which cancer occurs, and we can then, expect more deaths from this disease until our knowledge of it is more complete. The main trouble is that the public often fear the disease, and because of this do not seek medical advice as they are afraid of having their worst fears confirmed. Many who are not suffering from the disease have weeks and even months of anxiety unnecessarily, and others, where the disease could be cured in its early stages, leave it too late until we are unable to help them. A great deal can be done but it is essential that patients should attend for a proper medical examination when they feel there is something wrong with them.

TABLE 11.  
MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1952.

Month.	Scarlet Fever	Tuberculosis		Pneumonia	Erysipelas	Poliomylitis	Puerperal Pyrexia	Food Poisoning	Measles	Whooping Cough	Totals
		Lungs	Other								
January	4	1	—	3	—	—	—	—	—	20	28
February	3	1	—	4	—	—	—	—	1	25	34
March	5	3	1	1	—	—	—	—	4	17	31
April	—	—	1	—	—	—	—	—	4	8	13
May	2	4	—	2	—	—	—	—	—	3	11
June	3	1	—	—	—	—	—	—	2	1	7
July	—	1	2	—	—	—	—	—	4	2	9
August	—	—	—	—	1	2	—	—	8	1	12
September	—	4	—	—	—	2	—	1	21	3	31
October	—	3	—	—	—	—	—	—	46	2	51
November	—	3	1	1	—	—	—	—	12	—	17
December	1	—	—	3	—	—	1	—	62	—	67
Totals	18	21	5	14	1	4	1	1	164	82	311

TABLE 12.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)  
AND HOSPITAL ADMISSIONS DURING THE YEAR 1952.

Disease.				Cases Notified.	Admitted to Hospital.	Total Deaths
Measles	...	...	...	164	7	—
Whooping Cough	...	...	...	82	6	—
Smallpox	...	...	...	—	—	—
Scarlet Fever	...	...	...	18	4	—
Diphtheria	...	...	...	—	—	—
Pneumonia	...	...	...	14	1	8
Erysipelas	...	...	...	1	—	—
Puerperal Pyrexia	...	...	...	1	—	—
Poliomyelitis	...	...	...	4	4	—
Food Poisoning	...	...	...	1	1	—
Totals				285	23	8

TABLE 13.

TUBERCULOSIS—New Cases and Mortality during 1952.

		New Cases.				Deaths.			
		Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
Age Periods		M.	F.	M.	F.	M.	F.	M.	F.
0	...	—	—	—	—	—	—	—	—
1	...	—	2	—	—	—	—	—	—
5	...	1	2	—	—	—	—	—	—
10	...	2	—	1	—	—	—	—	—
15	...	—	1	—	1	—	—	—	—
20	...	2	—	—	—	—	—	—	—
25	...	2	2	1	—	—	—	—	—
35	...	—	1	—	—	—	—	—	—
45	...	3	1	—	—	—	1	—	—
55	...	1	1	—	—	1	—	—	—
65 and upwards		1	—	—	—	—	1	—	—
Totals		12	10	2	1	1	2	—	—



## **SMOKE ABATEMENT.**

Smoke observations were again taken during the year and in all 365 observations were taken. In eight cases the limit of three minutes in thirty was exceeded and steps were taken in respect of these.

The fact remains that there is a great deal of smoke pollution in this district, not the least of which is occasioned by the domestic user. Further details are contained in the Sanitary Inspector's report.

## **RATS AND MICE DESTRUCTION.**

The work under the Rats and Mice Destruction Act continued. Full particulars are given in the Sanitary Inspector's report.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR  
AND CLEANSING SUPERINTENDENT, FOR THE YEAR  
1952.

To the Chairman and Members of the Health Committee.

Madam Chairman, Madam and Gentlemen,

I have the honour to submit to you my Annual Report for the year 1952. This has been kept in its customary condensed form so as to reduce space and preparation time to a minimum.

The work of the Department has proceeded smoothly and efficiently due to satisfactory staffing.

The second year of the Council's Conversion Scheme has been completed according to plan and much work has been done in the Stainland area in drainage and conversion.

It was found possible during the year to obtain a supply of B.S.S. dustbins. Although the initial cost of these is more, a much longer life is guaranteed. The Municipal dustbin scheme as predicted, has obviated the vexed question of bin replacement.

Rodent control is now on a sound footing. Sewers receive half-yearly treatments. Farms, business premises and household property receive regular attention. This service is much appreciated by the public.

Atmospheric pollution has received more attention than ever, but it is obvious that no appreciable improvement in the grimy air of the West Riding will be effected until the existing apathy is shaken, and all sections of the community turn to smokeless or smoke-reducing appliances.

It is again pleasing to record that vermin infestation has been extremely low, probably due to increased efficiency and knowledge in the use of insecticides.

Food inspection continues to occupy a considerable proportion of the Inspectors' time, and this work shows excellent results in the high standard obtained in all branches of sampling.

The scattered nature of the district entails a large share of the Sanitary Inspectors' work being taken up with Refuse Collection, Disposal and Salvage matters. The income from the sale of waste paper and waste food was equal to 3d. rate this year.

One item of disquiet remains with us, namely the growing state of disrepair in a large number of older houses. It is still difficult to get essential repairs carried out owing to high costs and static rents. As a consequence much cottage property has already reached a stage when it can only be dealt with by demolition, with its consequent rehousing by the Council of the displaced tenants.

I am happy to record the helpful nature of the relations existing between the Medical Officer and my Department, and in conclusion must thank my fellow Officials, particularly the Sanitary Inspectors, for their assistance and willing co-operation in all matters. Also to the Chairman, Vice-Chairman and Members of the Committee for the considerate support given me during the year.

I am, Ladies and Gentlemen,

Your obedient servant,

A. D. JACKSON,

Chief Sanitary Inspector and Cleansing Superintendent.

#### **SANITARY ACCOMMODATION.**

Number of Water Closets ... ..	5237
Number of Waste Water Closets ... ..	314
Number of Pail Closets ... ..	369
Number of Privies ... ..	98
Water Closets provided to new premises during 1952 ... ..	26
Percentage of Closets on Water Carriage system ... ..	92.1%
Percentage of Fresh Water Closets ...	87%

The end of 1952 marks the completion of the second year of the Council's Conversion Scheme. The conversion of pail closets and privies to water closets has proceeded in accordance with the Report submitted to the Health Committee in September, 1950. Owners have again, with one exception, responded readily to the Council's offer to pay half cost, as laid down under Section 47 of the Public Health Act, 1936. A total of 105 pail closets and 14 privies have now been converted, almost all of these being in the Stainland area.

In addition 8 waste water closets were replaced by fresh water closets, a grant of £7 10s. 0d. being made in each case. 26 water closets were provided at new houses and 2 at old property.



The Conversion Scheme is progressing steadily and smoothly, as provided for in the original plan, and the co-operation of owners and tradesmen has been commendable. This work is long overdue and if carried out earlier could have been completed at less cost than in these days of continuous rising costs of materials and labour.

The reduction of the number of pails and privies also slightly eases the collection difficulties, particularly in the Stainland area where it is hard to get suitable labour to tackle this objectionable task.

It will be noticed that 87 % of the sanitary conveniences are water closets (not including waste water closets). A large number of houses, however, have still to share at the use of a W.C. which is often situated some distance from the dwelling. These cases are unsatisfactory from every point of view, not least being the friction arising between the tenants as to liability for keeping clean.

### **DRAINAGE AND SEWERAGE.**

Quite a considerable amount of work has been carried out under this heading, due to the conversions mentioned previously. The supervision of the construction and re-construction of drains to existing premises is the responsibility of this department and the conversion scheme has given the opportunity to obtain information regarding the drains and sewers, which was not held by the Department previously.

In addition to the conversions, there have been the usual number of complaints of faulty drains and in connection with these some 42 inspections were made. Use was made of colour, volatiles and smoke at various times in the testing of these drains.

No extensions to sewers have been made during 1952, but it is hoped that sewer extensions will be made to certain areas in the future, to enable satisfactory drainage to take place. There are still approximately 490 houses not connected to public sewers, and the existing sewers in some parts of the district are obviously nearing the stage when some attention will be required.

No complaints were received from the Rivers Board regarding effluents from sewage disposal works.

### **OFFENSIVE TRADES.**

The following offensive trades are registered :—

Tripe Boilers ...	...	...	...	...	2
Soap Boilers ...	...	..	...	...	1
Oil Extractor ...	...	...	...	...	1

No complaints whatsoever have been received regarding these businesses and 12 inspections were made of the premises during the year under review. The general cleanliness of the premises is satisfactory.

**FACTORIES ACTS, 1937 and 1948.**

**1. Inspections for the purposes of provisions as to health.**

Premises	Number on Register	Inspections.	Written Notices.	Occupiers prosecuted.
(i) Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	31	19	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities ... ..	187	66	2	—
(iii) Other premises in which Section 7 is enforced by Local Authority ... ..	—	—	—	—
Total ...	218	85	2	—

**2. Cases in which defects were found.**

Particulars.	Found.	Remedied.	Referred To H.M. Inspector.	By H.M. Inspector.	Occupiers prosecuted.
Want of cleanliness (Section 1) ... ..	—	—	—	—	—
Overcrowding (Section 2) ...	—	—	—	—	—
Unreasonable Temperature (Section 3)	—	—	—	—	—
Inadequate Ventilation (Section 4)	—	—	—	—	—
Ineffective drainage of floors (Section 6) ...	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ... ..	1	1	—	—	—
(b) Unsuitable or defective	8	8	—	3	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	3	3	—	—	—
Total ...	14	14	—	3	—

**SECTION 34, FACTORIES ACT, 1937.**

Means of escape in case of fire. Duties under this Section are carried out by this Department. Periodic inspections are made and in addition, one new certificate was issued during the year. In this case the certificate was needed because of increases in the number of workpeople employed.

**PETROLEUM (CONSOLIDATION) ACT, 1928.**  
**PETROLEUM (MIXTURES) ORDER, 1929.**  
**PETROLEUM (CARBIDE OF CALCIUM ORDER),**  
**1929, etc.**

The Chief Sanitary Inspector is the Official acting as Petroleum Officer for the purpose of administering the above Acts.

During the year 51 Licences were re-issued to store Petroleum Spirit and one additional licence was granted in respect of a new installation.

Two licences were issued for the storage of Carbide of Calcium.

**RAG FLOCK AND OTHER FILLING MATERIALS**  
**ACT, 1951.**

This Act came into operation on November 1st, 1951 and is administered by the Health Committee through its Sanitary Inspectors.

An explanatory report was submitted to the Health Committee in December, 1951.

Briefly, the Act forbids the use of certain filling materials for upholstering, stuffing of beddings, toys, baby carriages, etc., except on premises registered by the local authority. Premises where rag flock is manufactured or stored must be licensed.

Provisions are incorporated to prevent the sale or use of unclean filling materials and Regulations have been made giving standards of cleanliness.

It is anticipated that by giving local authorities effective powers for the first time, the Act will focus attention on one aspect of sanitation which has been rather sadly neglected in the past.

**RODENT AND PEST CONTROL.**

The appointment of Mr. L. W. Button as Rodent Operative has filled what has proved to be a much needed service. Half the salary is paid by the Infestation Division of the Ministry of Agriculture and Fisheries. His services are much in demand by industrialists, farmers and householders, most of whom express appreciation of the service offered and the results obtained. His work is carried out in conjunction with the Sanitary Inspectors.



During 1952, sewer maintenance treatments were carried out in Elland, Greetland and Stainland. Some difficulty was experienced in Stainland owing to a general lack of reliable information regarding the sewers. In future it will be possible and advisable to carry out two treatments a year of all infested sewers in the Council's area.

The following figures give an indication of the need for a regular treatment.

District.	No. of manholes baited	No. of pre-baits taken.
Elland area ... ..	95	59
Greetland ... ..	19	4
Stainland ... ..	83	21
Total ...	197	84

**General Inspection of the District.**

The total number of visits made by the Rodent Operative and Sanitary Inspectors in connection with rats and other pests during the year was 1184.

During the year all farms within the district have been visited, practically all factories have been visited and all sewage works, refuse tips, etc. have received attention.

All complaints from domestic premises have been followed up and where necessary treatment has been carried out.

The total number of treatments carried out during the year was 128, and a summary is given below showing how these were made up and the results obtained.

Type of Premises.	No. of Treatments.
Industrial ... ..	40
Farms ... ..	11
Sewage Works ... ..	4
Refuse Tips ... ..	5
Domestic ... ..	49
Shops ... ..	19

Number of Baiting Points	...	...	...	...	...	734
Number of Poison Takes	...	...	...	...	...	598
Estimated number of rats killed	...	...	...	...	...	1228
Estimated number of mice killed	...	...	...	...	...	379

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All rodent control work is carried out in accordance with the suggestions laid down by the Infestation Division of the Ministry of Agriculture and Fisheries.

### ATMOSPHERIC POLLUTION.

The number of smoke observations taken during the year are as follows :—

Number of observations taken	...	...	...	365
Number of cases in which the limit of 3 minutes in 30 was exceeded	...	...	...	8
Number of abatement notices served	...	...	...	3

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Throughout the year observations have continued with the Soot Deposit Gauge, Lead Peroxide Cylinder (Sulphur Dioxide estimation) and the Daily Smoke Filter.

With regard to the soot deposit as measured at Ellen Royde, Westgate, the average monthly figure for the year shows the considerable decrease of almost 3 tons per square mile.

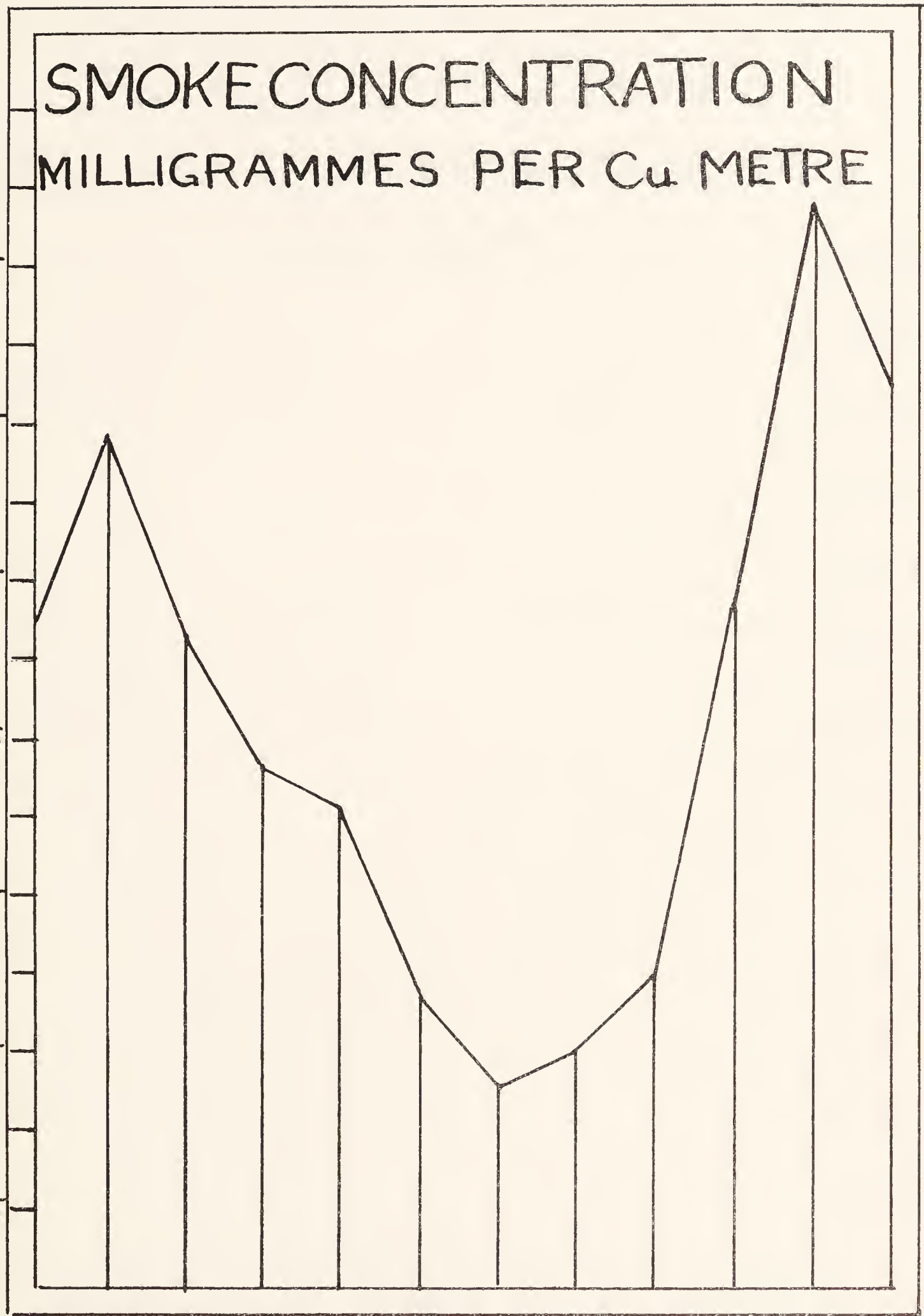
These recordings certainly give one a picture of the state of the atmosphere and show quite clearly any alteration, but it seems a pity that some positive legislation cannot be introduced in order to control the way in which raw coal is burned. It is no mystery where the pollution comes from and it seems elementary that some better means of control should be exercised at the source of pollution instead of spending tremendous sums of money in recording how inefficiently the coal is being burned.

Elland forms part of the Constituent Area of the West Riding Smoke Abatement Committee, of which your Chief Sanitary Inspector is a member of the Executive Committee.

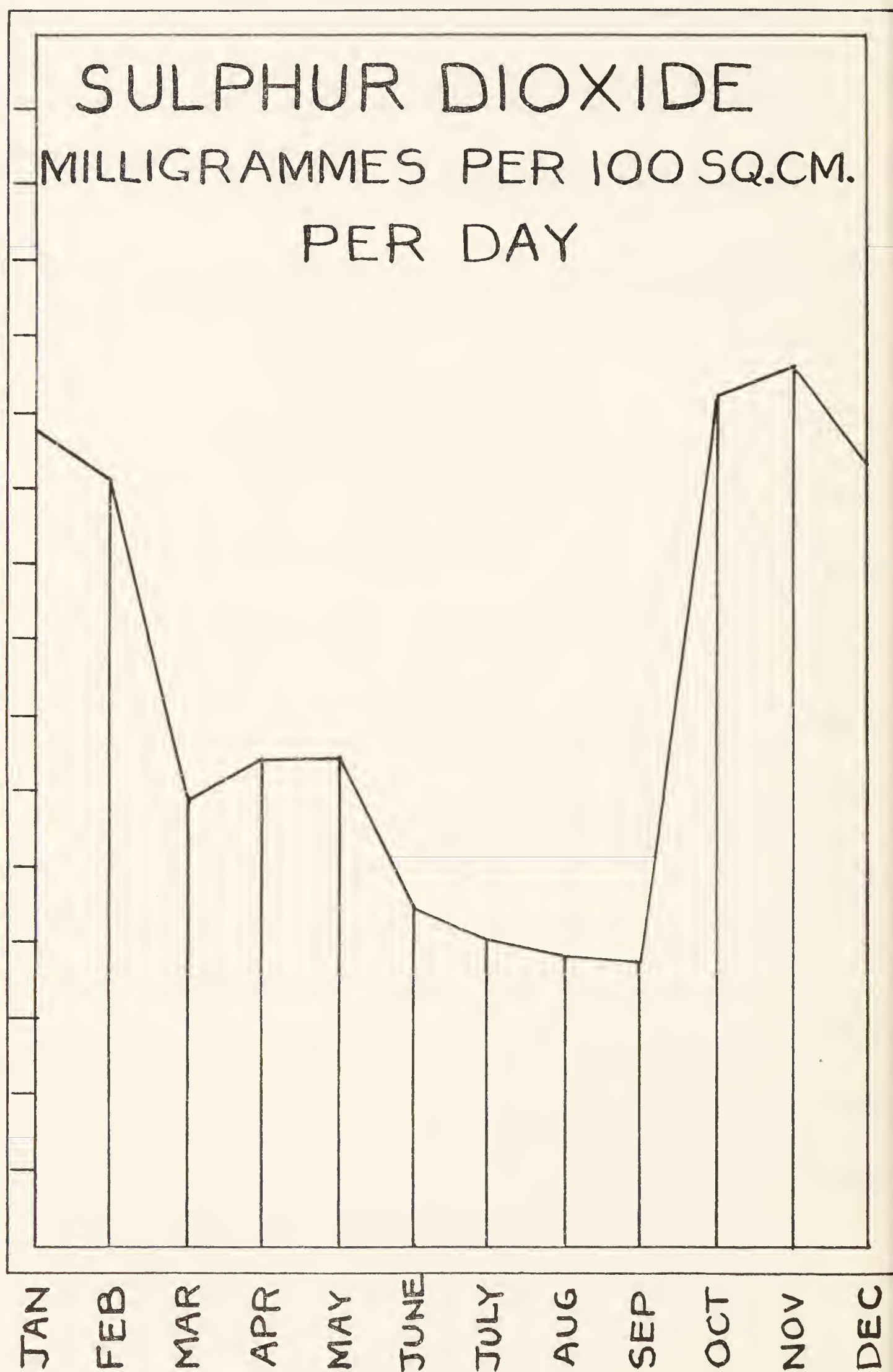
# SMOKE CONCENTRATION MILLIGRAMMES PER C<sub>u</sub> METRE

.325  
.3  
.275  
.25  
.225  
.2  
.175  
.15  
.125  
.1  
.075  
.05  
.025

JAN  
FEB  
MAR  
APR  
MAY  
JUNE  
JULY  
AUG  
SEP  
OCT  
NOV  
DEC







# SOOT DEPOSIT TONS PER SQ. MILE

2.6  
2.4  
2.2  
2.0  
1.8  
1.6  
1.4  
1.2  
1.0  
0.8  
0.6  
0.4  
0.2



## FOOD INSPECTION AND SUPERVISION OF FOOD PREMISES.

### MILK SUPPLY.

At the end of the year 16 Distributors of milk and one Dairy (not being part of a dairy farm) were registered.

Licences to retail designated milks were issued as follows :—

<b>Tuberculin Tested</b>	a) Dealers—12. b) Supplementary—5.
<b>Pasteurised</b>	a) Dealers—13. b) Supplementary—3.
<b>Sterilised</b>	a) Dealers—9. b) Supplementary—1.

### BACTERIOLOGICAL EXAMINATION OF MILK.

During the year 65 samples of milk were submitted for bacteriological examination. The following gives details of the samples and results:—

Type of Milk.				Satisfactory.	Unsatisfactory.
T.T. (Certified)	...	...	...	7	None
T.T. (Pasteurised)	...	...	...	4	None
Pasteurised	...	...	...	5	None
Ungraded	...	...	...	41	8

Ungraded milks have been sampled at the expense of designated milks, owing to the high number of producer-retailers doing business within the district. The general standard of cleanliness of milk from these producer-retailers is good.

All bacteriological and biological examinations are carried out at the Public Health Service Laboratory, Wakefield.

### BIOLOGICAL EXAMINATION OF MILK.

Nine samples were taken during the year for biological examination. The number taken is regulated by the capacity of the Public Health Laboratory Service to examine them and it is desirable that more should be taken from such a district as this, with a high percentage of raw milk being sold. All the samples proved negative.



## OTHER FOODS.

The following list gives the amount of unsound food certified by the Sanitary Inspectors and surrendered by the retailers :—

Fruit sauce—5 ozs.	Luncheon Meat—38 lbs.
Cherries in syrup—8 lbs. 12 ozs.	Fruit Cake—3 lbs.
Soup—2 lbs. 14 ozs.	Beef Loaf—12 ozs.
Stewed Steak—3 lbs. 15½ ozs.	Mussels—8½ lbs.
Tomatoes—21 lbs. 10 ozs.	Brisling in Tomato—3¾ ozs.
Eggs—1187.	Bacon—5¼ lbs.
Apricot Jam—2 lbs. 10 ozs.	Frozen Eggs—12 lbs.
Salmon—1 lb. 6½ ozs.	Prunes and Lemon Juice— 6 lbs. 8 ozs.
Chocolates—9 lbs.	Plums—6 lbs. 4 ozs.
Cheese—6 lbs. 4 ozs.	Pineapple—5 lbs. 12 ozs.
Sugar—20 lbs.	Grapefruit—1 lb. 4 ozs.
Oatmeal—100 lbs.	Greengages—14½ ozs.
Oranges—11 lbs. 15 ozs.	Fruit Salad—13 ozs.
Beans in Tomato—7 lbs. 9 ozs.	Biscuits—3½ lbs.
Peas—4 lbs. 15 ozs.	Grapes—1 lb.
Apricots—13 ozs.	Irish Stew—1 lb.
Ham Loaf—1 lb. 4 ozs.	Gooseberries—14½ ozs.
	Shredded Wheat—12 ozs.

The general condition of the food premises within the area, including equipment, utensils, etc. is on the whole quite satisfactory.

## ICE CREAM.

At the end of the year 45 premises were registered under Section 14, Food and Drugs Act, 1938, for the manufacture or sale of ice-cream, an increase of 3 over last years total.

60 inspections were made of these premises during the year, the conditions found being satisfactory, and 36 samples were submitted for bacteriological examination, with the following results :—

Grade 1—28.
Grade 2—8.
Grade 3—None.
Grade 4—None.

These figures maintain a distinct improvement on previous years and can be considered very satisfactory indeed. The samples taken were from as true a cross-section of the number of manufacturers retailing in the district as possible.

The following are the grades of bacterial cleanliness of Ice-cream :—

Grade 1—Time taken to reduce Methylene Blue.  $4\frac{1}{2}$  hours or more.

Grade 2—Time taken to reduce Methylene Blue.  $2\frac{1}{2}$  hours to 4 hours.

Grade 3—Time taken to reduce Methylene Blue.  $\frac{1}{2}$  hour to 2 hours.

Grade 4—Time taken to reduce Methylene Blue. 0 hours.

A Sub-Committee report issued by the Public Health Laboratory Services staff of the Medical Research Council states that it would be unwise to pay too much attention to the result of any one sample and it is suggested that the Ministry of Health's practice in respect of water might be followed with advantage, namely, to expect about 50% of samples to fall into grade 1, 80% of samples into Grade 1 or 2, not more than 20% into Grade 3 and none into Grade 4.

### WATER SUPPLY.

During the year 84 water samples were taken, as follows :—

Public Water Supplies.			Satis- factory	Unsatis- factory
Chemical examination ...	...	...	18	1
Bacteriological examination ...	...	...	27	—
Private Water Supplies.				
Chemical examination ...	...	...	Nil	Nil
Bacteriological examination ...	...	...	20	10
Examination for Plumbo-Solvency			...	6                  2

The unsatisfactory plumbo-solvency results are at the Upper Greetland Supply, and are dealt with in the Medical Officer's section.

Samples continue to be taken at the public baths and Mr. Birkhead is supplied with a copy of the Analyst's remarks.

### SHOPS ACTS.

During the year 129 visits were made to shops in the district in order to enforce the health provisions of the Shops Act. These visits were mainly concerned with sanitary accommodation and cleanliness.

## INFECTIOUS DISEASE AND DISINFECTION.

During the year 52 visits were made by the Sanitary Inspectors to cases of infectious disease and 8 disinfections were carried out after infectious disease. All bedding, etc., for disinfection and disinfestation by steam is now taken to the disinfector at Mill Hill Hospital, Huddersfield, only a nominal sum being charged for each treatment.

### DISINFESTATION.

The year has again showed a marked diminution in the number of dwellings treated for the presence of bed-bugs and fleas. One house was treated for bugs and two for fleas. Treatment consisted of spraying with Zaldecide and the use of Gammexane Smoke Generators. A number of complaints were received regarding cockroaches and wood-worm and these were dealt with. In all, 35 visits were made to verminous premises and 15 premises were given treatments.

## SANITARY INSPECTION OF THE DISTRICT.

Complaints investigated	...	...	...	...	...	437
Nuisance inspections	...	...	...	...	...	218
Factories inspected	...	...	...	...	...	85
Shop inspections	...	...	...	...	...	129
Houses inspected—						
Overcrowding	...	...	...	...	...	15
Housing Acts	...	...	...	...	...	127
Re-visits under Housing Acts	...	...	...	...	...	126
Public Health Acts	...	...	...	...	...	357
Re-visits under Public Health Acts	...	...	...	...	...	916
Verminous premises	...	...	...	...	...	35
Infectious diseases	...	...	...	...	...	52
Premises disinfested for vermin	...	...	...	...	...	15
Houses disinfected after infectious disease	...	...	...	...	...	8
House refuse removal inspections	...	...	...	...	...	1024
Food complaints investigated	...	...	...	...	...	46
Visits to Ice-Cream premises	...	...	...	...	...	40
Ice-Cream samples taken for Bacteriological examination	...	...	...	...	...	36
Milk samples taken for Bacteriological examination	...	...	...	...	...	65
Milk samples taken for Biological examination	...	...	...	...	...	9
Water samples taken for Bacteriological examination	...	...	...	...	...	47
Water samples taken for Chemical analysis	...	...	...	...	...	19
Water samples taken for Plumbo-Solvency	...	...	...	...	...	8
Visits to Food Premises	...	...	...	...	...	104
Visits to Licensed Premises	...	...	...	...	...	6



Visits to Slaughter houses	...	...	...	...	...	1
Inspections under Milk and Dairies Regulations	...	...	...	...	...	24
Smoke observations	...	...	...	...	...	365
Rodent control inspections and visits	...	...	...	...	...	1184

## SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.

### PUBLIC HEALTH ACTS, 1875—1936.

### HOUSING ACTS, 1936—1949.

During the year the total number of inspections and visits made in all branches of the Department was 5,268. Under the Public Health Acts 105 informal notices and 8 statutory notices were served. 4 houses were represented by the Medical Officer of Health under Section 11 of the Housing Act. In the case of one house, the owner gave an undertaking that the house would not be re-let until certain works had been carried out. In the case of the others, no action has yet been taken because of re-housing difficulties.

A part of a house was dealt with under Section 12 of the Housing Act, 1936 in two cases, the owners agreeing to close the dwellings as soon as they became vacant. This has since been done.

The condition of a group of seven houses was brought before the Health Committee, with a recommendation to declare these a clearance area. The matter has been referred to the Housing Sub-Committee to deal with the possibility of re-housing the tenants.

Altogether 152 statutory nuisances were abated during the year and 135 dwelling houses were rendered fit as a consequence of informal action by the Sanitary Inspectors.

The following is a summary of improvements effected :—

#### Interior of Houses.

Windows repairs and renewed	...	...	...	...	6
Fireplace fixtures renewed and repaired	...	...	...	...	2
Ceiling replastered	...	...	...	...	4
Walls replastered	...	...	...	...	12
New sinks provided	...	...	...	...	4
New sinks provided in place of stone sinks	...	...	...	...	3
Smoky chimneys abated	...	...	...	...	6
Sink waste pipes repaired or renewed	...	...	...	...	3

Sash cords renewed ... ..	9
Chimney flues repaired ... ..	2
Dampness of walls abated ... ..	16
Water gaining access to cellar abated ... ..	3
Sewage gaining access to cellar abated ... ..	1
Firebacks renewed and repaired ... ..	3
Floors repaired ... ..	4
Dirty houses cleansed ... ..	2
Sink waste pipe traps provided ... ..	1
Ovens repaired ... ..	1

#### Exterior of Houses.

Defective doors and frames ... ..	3
Eaves gutters renewed or repaired ... ..	11
Decayed pointing renewed ... ..	8
Leaky roofs repaired ... ..	25
Rain water pipes renewed or repaired ... ..	9
Mastic pointing to windows renewed ... ..	2
Valley gutters cleansed or repaired ... ..	2
Chimney stacks repaired ... ..	4

#### Yards and Outbuildings.

Copper in wash-house repaired ... ..	1
Offensive accumulations removed ... ..	2
Pump repaired ... ..	1
Outbuildings rebuilt ... ..	4
Defective yard drainage reconstructed ... ..	2

#### Drainage.

Drains re-laid ... ..	6
Drains repaired ... ..	28
Drains cleansed from obstruction ... ..	32
Inspection chamber provided ... ..	2
New gullies provided ... ..	8
Soil pipe repaired ... ..	6

#### Sanitary Conveniences.

Additional W.C.'s provided ... ..	91
Flushing cisterns repaired ... ..	6
Walls repaired ... ..	14
W.C. pedestals renewed ... ..	3
Privy middens converted to water carriage system ... ..	8
Waste water closets converted to water carriage ... ..	8
Pail closets converted to water carriage system ... ..	55
Roofs repaired ... ..	8
Privacy obtained ... ..	1
Tippler repaired ... ..	2
Urinals repaired ... ..	2

### **House Refuse Accommodation.**

New dustbins provided	...	...	...	...	...	531
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### **Shops Acts.**

Premises cleansed	...	...	...	...	...	2
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### **Food Premises.**

Preparation rooms cleansed	...	...	...	...	2
Hot water supply provided	...	...	...	...	1

## **OVERCROWDING.**

The number of known cases of overcrowding remains almost static at 61, and 12 cases of overcrowding were relieved by re-housing in Council houses or other means.

It is interesting to note that since 1947, when the first new houses were completed after the war, 98 cases of overcrowding have been relieved out of a total of 196 new houses built.

The policy of the Council is, therefore, to be commended, particularly as most of the other families re-housed in new Council houses were also living in unsatisfactory conditions, even though not legally overcrowded according to the standards laid down in the Housing Acts.

## **LICENSED PREMISES.**

Following the survey of all licensed premises carried out during 1951, the information collated regarding unsatisfactory or insufficient sanitary accommodation was forwarded to the Ministry of Works and to the respective brewers, and alterations and improvements have been carried out or are in hand in many cases.

## **PUBLIC CLEANSING.**

The Health Department is responsible for the collection and disposal of house refuse, which includes the emptying of dustbins, pail closets and privies, and the collection and disposal of a limited amount of trade refuse, mainly from shops.

The provision and maintenance of dustbins is now firmly established as a service undertaken by the Council, as a charge on the general rate fund. It is now possible to obtain a sturdier galvanised bin, which although costing more in the first place, will give a much increased life, so that in the long run replacement costs will be less than at present.



During 1952, 482 dustbins were found to be so defective as to require replacement. This was done at a cost of £568, or the approximate equivalent of a 1½d. rate.

It is gratifying to note that during the year it has been possible to improve collection services in Stainland and the numerous complaints formerly received have now almost ceased. The Stainland area still remains a problem, however, because of its unsatisfactory sewerage system, with a resultant large number of pail closets and privies that cannot be converted to water closets until sewers and public water supplies are extended. The position has eased slightly during the year by reason of the fact that 55 pail closets and 8 privies were converted to water closets.

The salvage of waste paper is still persevered with, although the price for mixed waste paper has now fallen to £7 10s. 0d. a ton. During 1952 the sales from waste paper realised the sum of £728.

Waste food is collected twice weekly and taken to Halifax for processing at the Corporation's plant. The Order compelling local authorities to collect waste food is still in operation, but it is difficult for public health officials to have to preach the principals of public health on one hand and yet countenance these insanitary communal food bins at the same time. The waste food collected during the year was sold for £230.

The combined income from waste paper and waste food enables the 10 cwt. Fordson to be used almost entirely for this work.

Most of the pail closet and privy refuse is used by farmers, and other house refuse is tipped at several tips in the area. These receive constant attention.

Lack of weigh bridge facilities make it impossible to give accurate cleansing costings, etc., but the following table shows the number of loads collected during the year :—

Vehicle.	House Refuse Removal.		Goux Tub Refuse Removal.		Waste Paper Removal.		Waste Food Removal.	
	Days	Loads	Days	Loads	Days	Loads	Days	Loads
2—2 Ton Motors	519¼	2410½	20	80	—	—	—	—
2—30 Cwt. Motors	386¾	1400	183½	617	—	—	—	—
1—10 Cwt. Fordson	41½	251	—	—	114½	1204	57¼	134

The cost of public cleansing throughout the district during the year, including collection and disposal of salvage was £6,614. This figure includes the cost of a new Fordson 10 cwt. vehicle, and also the cost of a year's replacement of dustbins under the Council's Municipal dustbin scheme.











